VS A15 (4) 15M 9/5B

		MARY	LAND	STA	TE DEPA	RTM	ENT OF H	EALTH	-BAL	TIMORE,	18		2.6	4
	PKE	1244	2		CERTI	FICA	ATE OF D	DEATH	1		Reg. D	all.	24.	19
	Carro	11 Co.			MARY	rLAND	a. STATE	DENCE (Wh		d lived. If institution b. COUNTY	-	roll		ion)
E		(If autside carporate lim nearest tawn)	its, write	+ -	Syrs.	IN 1b		TOWN (If a		orate limits, write F				n)
	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, (jive stree	t address)		d. STREET A		timore	Blvd.		*		FARM?
- (NAME OF DECEASED (Type or print)	John Fi	_	door	Middle Bas	sler	Las	it	4. DATE OF DEATH	Nov.	_	Da	,	Year 19 60
5. \$	M M	6. COLOR OR RACE	7. MAR	4	NEVER MARRI DIVORCE		Feb. 20,	I867		9. AGE (In years last birthday) 95 yrs.	IF UNDE Manths	R 1 YEAR Days	Hours Hours	ER 24 HR Min.
10a.	. USUAL OCCUPAT during most of wo farme	ON (Give kind of work rking life, even if retired	dane 10b	. KIND C	farm	OR INDUS		ACE (State yland	ar foreign o	country)	12. CI	U.S.	A.	OUNTRY
13.	FATHER'S NAME	Basler					14. MOTHER'S		norb					
15. (Yes.	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of	CES? 16	s. social	SECURITY NO		rs. Eth	el Scl	naeffe		lress 1d Ba	alto	Blvd	ı.
	PART I. DE	immediate		Son Mys	o), (b) and (c)	List .	Mama local	(a)	نې د	erlon	ins te	PINT	ERVAL BE	DEATH
CERTIFICATION	cause (a), stating lying cause last PART II. OT	the under-)	CONTRI	BUTING TO DE	ATH BUT	NOT RELATED TO) THE TERMI	NAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(a) 1	PERFO	AUTOPS ORMED?
	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE H	IOW INJURY O	CCURRE). (Enter nature a	of injury in I	Part I ar Par	rt II af item 1B.)				
MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Ye	ar 20d. While at wa	e _ N	OCCURRED lat while t wark		ACE OF INJURY (tory, street, affice			y ar town)		(Caunty)	4	(Stat
	21. I certify to alive an	hat I attended the	decea , 19 Sc		4111	death	f 17		M, fram	the causes are street, city approximation	nd an th		stated	
220.		ON, 226. DATE THEREO		_	NAME OF CEM					TION (City, town, Westmins			(Stat	(e)
23.	ENNERAL DIRECTOR		Z W		DDRESS ninster	, Md			D BY REGIS		ISTRAR'S S			

		25.52	
busiyasi		.co 11	CATA
tal oriette	49775		
**************************************		स्थाप र र काह राज्य हातो । अन्य पार्ड कींस राज्य कार	e e ind
	esigni docah		
726_ 00.00			
bunigrau	trust		011102
dende sinas		76 300	Cooms
rolledied lesses .c.	21100	••••	
	Brown Little Completion		

Wir C. Je mode Washington had preferentens then thestminster had

The factor of the term Constant - Constant Nothern ton, Miles

1 1 1	Et	em 20 Film 276 12-1 MARYLAND STATE DEPARTMENT OF HEALTH
壮之		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
A FOR STATE		12446 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12420
HEALIH DEPI.		PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) 5. COUNTY
Page les.		Carrell MARYLAND WIlliefleund b. COUNTY Blessall
bor. Pag		b. CITY OR TOWN (if outside corporate limits, write RURAL and give pagest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give pagest town)
S S S S S S S S S S S S S S S S S S S		1- Hampitent 1840. Humpileod Villal
Pos Pos		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
9 9 9 4	2	Snyders hurg.
the Stee Stee des		NAME OF DECERSED (Type or print) Addle Lest 4. DATE Month Day Year OF DECEMBED (Type or print)
-/23-5	5.	VENTIN DENGE 1464 30 1960
des des la	٥.	M. 115 Manual Land Manual Land Manual Months Days Hours Min.
\$ 7 P	10a	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 112, CITIZEN OF WHAT COUNTRY)
as 1,	do	Wieler of working life, even if retired) Balto Meel (e) 71, Garalina 111.91
hor hor hor hor hor his his	13.	FATHER'S NAME
PN 124		Willie Benge artie Greene
form ever	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unkeye) (If yas give war or dates of sarrive)
ed v	,	yes world wast 2 K20-18-3340. Mis Wellie Beinge- Milly lest 14
ecut in Ite in a		PART I. DEATH WAS CAUSED BY: NIERVAL BETWEEN ONSET AND DEATH
alon frans		IMMEDIATE CAUSE (a) bushof wound of these
Id b Fice rial-		DUE TO
should a burner		Gonditions, if eny, which (b)
ate adin		(e), stating the underlying DUE TO cause last. (c)
rtific Cami	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
vord vord be d be	ATIC	PERFORMED? YES NO
: Thii edica ould	CERTIFICATION	20s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18.)
TER: of Most		CAUSE OF DEATH. Accidentally shot with 22 revolver
Aritic Chie	DICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 4 Published Property (State) 4 Published Prop
9 Og P. P.	MEDI	p.m. 19 el work el work - Carr.
ficate, prige		21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry
Seni Gert		death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER
MEDICAL te the certifi forwarded L DIRECT ated agent,		ACTUAL ASSISTANT MEDICAL EXAMINED DATE SIGNED
RAL ignate		SIGNATURE A M.D. DEPLITY MEDICAL EXAMINED
S E E		NAME (Typy) JAMES 7 MARSH Address (Street, city, town, or county)
DEP shou FUN its d	22a	BURIAL, CAMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, 10wn, or country)
0 g 4 0 g	0	sural 123 160 mugaeroug varial de Ma
VS. AISME	23	SALL) PRINTED - HELLER TEENS MAN 246. REGISTRAR'S SIGNATURE
5M 7/59		DATDEC 5 '60 ariling 8, through

. . . TO THE STANDARD PROPERTY OF THE PROPERTY OF THE OWNER. March 1 To State of the State o AND DE AND STREET STREET WILLIAM THE STATE OF THE S the state of the s ELETAMES TO MERCIFIC The same of the sa were training the feature of the first the second of the second

VR A15 (4) 1SM 9/59

٨	MARYLAND	STATE	DEPARTMEN	IT OF	HEALTH
DIVISION	OF STATISTICAL	RESEARCH	AND RECORDS -	BALTIA	ORE 1, MARYLAND

12447	CERTIFICA	ATE OF DEATH	sent in this	12421
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who a STATE	ere deceased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write PURAL and give pearest town) d. NAME OF HOSPITAL (If not in hospital, give street of	c. LENGTH OF STAY IN 16 2 Years	C. CITY OR TOWN/IF O	utside corporote limits, write RU	RN#/
OR INSTITUTION Melroses		mely	ore	ON A FARM? YES NO H
3. NAME OF DECEASED (Type or print) JACOB +	ERMAN Middle	BISHOP	4. DATE Month OF DEATH	Day Year 1960
S. SEX 6. COLOR OR RACE 7. MARRI Male White WIDOWE	ED NEVER MARRIED DUVORCED DIVORCED	B. DATE OF BIRTH 326-29.19		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	CIND OF BUSINESS OR IND	Fairfu	eld Pa.	12. CITIZEN OF WHAT COUNTRY?
13. FÁTHER'S NAME AMOS BLOLLO	6	14. MOTHER'S MAJOEN N	Glache	u
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	17.28-7017	Mrs. Jacob	H. Byshop	Mansfuster Mes
1B. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stating the under- lying couse lost. (c)	adenvious	o Brain o	hung	ONSET AND DEATH 3 M O N
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMI	nal disease condition give	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury in I	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 While of work	_ Not while _	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.		(County) (State)
21. I certify that (I) (this haspital) attends saw the deceased alive an 11-7-220. SIGNATURE		feet a		d an the date stated abave. 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) WHFOAT	M.D.	M.D. PHYS. DI	hester	ud
23g. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town, or	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC		TRAR'S SIGNATURE

MARKET made to an all made to the control of the control o The state of the s THE RESERVE OF THE PARTY OF THE The said the said of the said

		244 Pivis		STATISTICAL RESEAR	CH AN	PARTMENT OF D RECORDS — BALTI E OF DEATH				12	422
1. PLA	CE OF DEATH					2. USUAL RESIDENCE (WI	nere deceased	lived. If institution	on: Residence	before a	dmission)
		rroll		MARYL		Maryland Carroll					
	ITY OR TOWN (I URAL and give no	f outside corporate limearest town)	its, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (If a	outside corpore	ote limits, write RI	JRAL and giv	e nearest	town)
	Taneyto	own				Tane	eytown				
d. N	R INSTITUTION	AL (If not in hospitol, Private h		oddress)		d. STREET ADDRESS 231 E. Ba	ltimore	Street			RESIDENCE ON A FARM? ES NO
	ME OF EASED e or print)	Fi Netti		Mav		Lost Boyd	4. DATE OF DEATH	Novembe		Day	Year 1960
S. SEX	o or printy		-	RIED NEVER MARRIED	-(F) B	DOTE OF BIRTH		2100000		-/3	UNDER 24 HE
, JLA	Female	White	WIDOW					lost birthdoy) 78 yrs.			ours Min.
0a. U.9						RY 11. BIRTHPLACE (Stote	or foreign co		12. CITIZI	EN OF WI	HAT COUNTR
du	ring most of wor	king_life, even if retired)								
3 FAT	HOUSEWO	Jr.K		Own home		Maryland			1 0.	S.A.	
J. 1711		D3									
c \A/A	Nelson	R IN U. S. ARMED FOI	CES2 14	SOCIAL SECURITY NO.	17 INF	Lavina l	Babylor	1. Addr	ett		
	or unknown)	Ilf yes, give wor or dates of					77 3			27.2	
Total	no			none	Mr	. Charles T.	Humber	t, Taney	rtown,	Md.	AL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (-0	ine for (o), (b), and (c).]	reg	elvitis	0	- 0		ONSET 2	AND DEATH
	onditions, if o		, W	seemen	w	open been	wear	nged		9	gree
C	ouse (a), stating		, 5	jewilily				0		6	yes
NOITE	PART II. OTI	HER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEST	TH BUT N	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	P	MAS AUTOPS PERFORMED?
€ OF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
WEDICAL 200	Hour o. m.	RY Month, Doy, Ye	While			CE OF INJURY (Home, farm ory, street, office bldg., etc		or town)	(Co	ounty)	(Sto
21 sc 22	. I certify the				hat de						
	DRIAL, CREMATIC MOVAL (Specify Burial			23c. NAME OF CEMEN		d Cemetery	Lane	27	Maryla		(Stote)
24. FUI	Merey DIRECTOR		us	ADDRESS Taneytown.	Mar		NOV 2 3	0.0	STRAR'S SIGI		A

Service or months 4.451

	MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
1	2448	CERTIFICATE	OF	DEATH	D

		keg. Dist, No.							
1.	PLACE OF DEATH CARROLE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE County County							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURA) and give nearest town)							
	d. NAME OF HOSPITAL (If not in hospital, give street address)) OR INSTITUTION PULLEN New Seng Home	d STREET APDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)							
3.	DECEASED (Type or print) Wilson	OFICI SEATH Wanth Day Year OF DEATH U 18 1960							
5.	SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. B. WIDOWED DIVORCED 7.	DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.							
	o. USYAL OCCUPATION (Give kind at wark dane 10b. KIND OF BUSINESS OR INDUSTRED CONTINUED (See Support of Continued)	RYTI. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? WSA							
13.	audien Cofiell	14. MOTHERIS MAIDEN NAME							
15. (Ye	. WAS DECEASED EVER IN U. S. ARMED/FORCES? 16. SOCIAL SECURITY NO. 17. INF	S Eunea Wilhelm - Balt ned							
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acuse OF DEATH (Enter only one couse per line for (a), (b), and (c).] Howard Sugar Care of Sugar acuse (c) Lead of Sugar acuse (c) Lead of Sugar acuse (c) Lead of Sugar acuse (c)								
	Conditions, if ony, which) (b) Generalized laseinoma incumon								
	gave rise to immediate couse (a), stating the under lying cause last. (c) DUE TO TERMINAR la. of Stormall. 6 yes								
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?, YES \(\sum \text{NO P} \)								
L CERTIFI		(Enter nature of injury in Port I or Part II of item 18.)							
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While Nat while of work of the of work of the color of the	E OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ry, street, affice bldg., etc.)							
	21. I certify that I attended the deceased from. Note 1	1964, to 100 /8, 1960, that I last saw the deceased							
	actual Sance Deletancy M.D. 37 Court Rel Alle 1 1/1860								
	PHYSICIAN'S Sani Okutmac	n Sykesville, Md.							
220	o. BURIAL, CREMATION, 22b. DATE THEREOF, 12c. NAME OF CEMETERY OR OF STANDARD STANDA	CREMATORY 22d. LOCATION (City, town, or county) (State)							
23.	EUNERAL DIRECTOR'S SIGNATURE ADDRESS Hampartes	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'							
-									

CERTIFICATE OF DEATH	81481
The state of the s	
	District Control
NAME OF THE OWNER	
	exemple of Content's Last offmar 1.45
	ALVANIA ALVANIA
A STATE OF THE STA	

Ya

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1	9	1	13	1
1	2	4	4	4

		1 in in										
1	1. PLACE OF DEATH O. COUNTY					. USUAL RESIDENCE (Whe		lived. If institutio				
/		Carroll		MARYL		Maryl				o.City		
	b. CITY OR TOWN (II RURAL ond give ne	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL of						wn)	
	Sykesvil			38yrs.6mos	5.7₫a		more	3	SVI	3 1		
1	OR INSTITUTION					d. STREET ADDRESS				ON	ESIDENCE A FARM?	
2	Springfi	Leld State	Hospi	ital		2738 E.	Presto	on St.		YES	□ NO 🖫	
	3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mont	h	Day	Year	
	(Type or print)		seph			Cuilla DEATH		Noven		6, 1960		
	S. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	8.	DATE OF BIRTH	5	P. AGE (In years lost birthday)	1	YEAR IF UN		
	Male	White	WIDOWE	VED DIVORCED		1881		79 yrs.	INOITHIS E	7075	3 (4/11).	
	10a. USUAL OCCUPATIO	ON (Give kind of work a	done 10b.	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Stote of	or fareign cou	untry)	12. CITIZ	EN OF WHA	T COUNTRY?	
	Laborer			_		Italy			Un	known		
	13. FATHER'S NAME					14. MOTHER'S MAIDEN N.	AME					
	Unknown					Unknown						
1	15. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	17. INFC	RMANT		Addre	588			
ð	No	-		-	Sp	ringfield Ho	spital	L Records	}			
ř.	18. CAUSE OF DEA	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]										
	PART I. DEA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peptic ulcer ONSET AND DEATH Months										
	54	DUE TO										
	Conditions, if or	ny, which	,									
	gove rise to immediate couse (a), stating the under-											
	lying couse lost. (c)											
	PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY										
	2 Scurzobur	Schizophrenic reaction, paranoid type.										
	Schizophi 200. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	Enter noture of injury in P	ort I or Port	II of item 18.)				
1		MEDICAL EXAMINER)										
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. If While		20e. PLAC	OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City	or town)	(Co	ounty)	(Stote)	
	p. m.	19	of wor	k ot work								
	21. I certify tha	t (I) (this haspital) attend	ded the deceased f	ram Me	rch 7, 196	O to No	ov. 6,	1960	_, that (I)	(we) last	
	saw the deceas	ed alive an Nov	ember	r 619 60, and t	that dec	th accurred alo: 3	PMom t	he causes and				
	220. SIGNATURE	-1	0-1	0 /					3 12 5		22b. DATE	
	Clan	shir de	el	Campe	7 M.I		ECTOR -	STAFF PHYS.		11/	7/60	
	22c PHYSICIAN'S NAME (Type)	Amortin de	I Com	- M D (22d. ADDRESS	d Uan	1+-7 5-	7]-0	77. 1	112	
		Agustin de	Toam	po, M.D.V		Springfiel	a nosp	olual, oj	Kesvi	.ite, r	10.	
	23a. BURIAL, CREMATIO	N, 23b. DATE THEREC		23c. NAME OF CEMET	TERY OR C	REMATORY	23d. LOCATI	ON (City, town, o	(County)	(S	to(e)	
1	Burial	110v-10-	1960	710 - 00	amer	Cameley	Belau	r Kalsa	106	- me	V	
1	24. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS	7 1 -	n At	BY REGISTR	RAR 2Sb. REGIS	TRAR'S SIGI	NATURE		
1	Joseph	Jane	well	me 1	128	NOW DATE NO	y 9 '6	0 0	Thug &	Kine		
-0						MALO.						

3332 are as in the small of a Plantage of the same the state of the s The state of the s the funeral director, shauld be filed with

prined by the haspital or attending physician.

RRECTOR: After this certificate has been signed by the attending physician and campletely filled and be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 is

the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

12450

	o. COUNTY Carroll		MARYLA	ND 2.	o. STATE Maryland		COUNTY	re City	ision)	
)	b. CITY OR TOWN (IF RURAL ond give ned Sykesvill		te c. LENGTH OF STAY IN		c. CITY OR TOWN (IF o		ts, write RURAL on		m)	
		AL (If not in haspital, give str	eet address)		d. STREET ADDRESS			e. IS RE	SIDENCE A FARM?	
-	Springfie	1d State Hosp	ital		2307 E. Fa	airmount A	venue		□ NO □	
	3. NAME OF DECEASED (Type or print) (C)	Leon First	Lion Der	win]	Darvin Berano)	4. DATE OF DEATH	Month //-	Day Z-O	Year 19 60	
	S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED		ATE OF BIRTH		(In years IF UND	ER 1 YEAR IF UND		
	Male	1100000	OWED DIVORCED		7-9-91	6	yrs. Mailin	s Days Hours	Mill.	
	10a. USUAL OCCUPATIO	N (Give kind of work done	106. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12.0	ITIZEN OF WHAT	COUNTRY?	
	- Time	Jealer	-		Russia			Unknown		
1	13. FATHER'S NAME			1	4. MOTHER'S MAIDEN N	NAME				
	Meyer Lip	stein			Lea Nachr	man				
1	15. WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFO	RMANT		Address	The section		
	(Yes, no, or unknown)	If yes, give war or dates of service)	_	Sp	ringfield St	tate Hospi	tal Reco	rds		
	18. CAUSE OF DEA	TH [Enter only one cause po						ONSET AN		
	PARI I. DEA	IMMEDIATE CAUSE (6)	rcinoma Urina	ry B.	Ladder			years		
	181.	DUE TO								
	Conditions, if or									
		gove rise to immediate couse (o), stating the under-								
	lying couse lost.									
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
	Man Man	Manic Depressive Reaction, Manic Type								
	OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)								
	ZOc. TIME OF INJURY Hour o. m. p. m.	w w	d. INJURY OCCURRED 21 hile Not while wark at work		OF INJURY (Hame, form , street, office bldg., etc		i) /	(County)	(Stote)	
		21. I certify that (I) (this haspital) attended the deceased fram 8 - 20 - 1959, to 170 ,1960, that (I) (we) last								
	saw the deceas	ed alive an 11-V	and fi	hat dea	in accurred at the	.M, from the co	luses and an		22b. DATE	
	Clon	estin de	Campo.	M.D			S. 🔯	" .	SIGNED	
1	22c. PHYSICIAN'S NAME (Type)	Agustin del	Campo, M.D.		22d. ADDRESS	Springfie Sykesvil		- 4	1	
-	23a. BORIAL, CREMATIO	N, 23b. DATE THEREOF	Detto	ERY OR C	REMATORY	23d. LOCATION C	ity, town, or count	y) Tuo	90)	
	24 JUNERAL DIRECTOR	WES OBE &	ZIOO ELA	aw.	PL 25a. REC'	D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE & FLAME	1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNER VR A1S (4) 1SM 9/59

HIARORO STADRITADO 1001551 will recognize the beginning to the second of on the sent that I the first the contract of the first the second of the seco

139

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	2	4	2	6

1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (V	Where deceased	b. COUNTY		ore admission)
b. CITY OR TOWN (If outside corporate lin	nits, write c. LENGTH OF STAY IN 15	Maryland	f autside corpora		roll URAL and give ne	earest town)
RURAL and give nearest town) Rural Taneytown		Tanevtown	n			
d. NAME OF HOSPITAL (If nat in hospital, OR INSTITUTION	give street oddress)	d. STREET ADDRESS			CARRE	e. IS RESIDENCE
Enroute to Hospital of	on Route #194	Frederic	k Street			YES NO
3. NAME OF DECEASED	irst Middle	Last	4. DATE	Man	th D	ay Year
(Type or print) Est	ella Laura	Devilbiss	DEATH	Novemb	er 28,	19 60
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9	. AGE (In years lost birthdoy)	Months Days	Hours Min
Female White	WIDOWED DIVORCED	October 30.	1878	82 yrs.	monnis Days	FIOURS MIN
10a. USUAL OCCUPATION (Give kind af wark during mast of working life, even if retire	done 10b. KIND OF BUSINESS OR IN(DUSTRY 11. BIRTHPLACE (State	te ar foreign cou	ntry)	12. CITIZEN O	F WHAT COUNT
Housework	Own home	Maryla			U.	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Isiah Reifsnic		Mary	Rebecc	a Lippy		
5. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no, or unknown) (If yes, give wor or dates of		INFORMANT		* Add	ress	No.
no		r. John Devilh	niss. Ta	nevtown	Marvla	nd
1B. CAUSE OF DEATH [Enter only one of	cause per line for (o), (b), and (c).				IN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ((Coronary	Occhusio	24			SET AND DEATH
DUE TO			1			
Conditions, if any, which	b Coronary	Sclerosis				2415
gave rise to immediate DUE To	0					
lying cause lost.	(c) Generaliza				5	yes
PART II. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	PERFORMED?
Vericose 1	LICERS Leg:	5				YES NO
PART II. OTHER SIGNIFICANT COI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	n Part I ar Part I	l of item 1B.)		
3 20c. TIME OF INJURY Month, Doy, You	ear 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, for	rm, 20f. (City o	or town)	(County) (Sto
ZOc. TIME OF INJURY Month, Doy, You Hour a.m. 19	While Not while ot work of ot wark	factory, street, office bldg., e	etc.)			
21. I certify that (I) (this hospite	→) attended the deceased fram	sept 1	95B, ta	NOV	19.60, 1	hat (1) (===) la
saw the deceased alive an	av 28 19 60, and that	death accurred at	M, fram t	he causes an	d an the date	e stated abov
22o. SIGNATURE		ATTENIDING	1450	47 4 00		22b. DATE
E. Umblen	Chompson		MED. DIRECTOR	STAFF PHYS.	11/2	8/60
22c. PHYSICIAN'S NAME (Type) E. Ambler Th	ompson	22d. ADDRESS Taney	town, Ma	arvland		
23a. BURIAL, CREMATION, 23b. DATE THERE				ON (City, town, o	or county)	(State)
REMOVAL (Specify) Burial Nov. 30	1960 Reformed Co	emeterv	Tan	eytown.	Marvl	and
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS		C'D BY REGISTR		TRAR'S SIGNATU	
C.O.Fuse & Son	Taneytown, Mar	ryland DATED	EC 1 '60	an	Clay S. Kra	A.

BYANG TABLETAND TO THE TOTAL OF THE TABLE Search and the form of the control o series that the series of the series of the series Tentrole, for treest, int Titles and and Office Control But the cold of the cold and th to find introduction of 5 A CONTRACTOR OF THE PARTY OF TH

19459

CERTIFICATE OF DEATH

		164116									Reg. Dis	t. No.	
	CE OF DEATH	rroll			MARYLAND	2. USU o. S	TATE Mal	ce (whe	ere decessed I	ived. If institut b. COUNTY		deric	
RI	URAL and give no	f outside corporate limi eorest town) Stminster	ts, write	c. LENGTI	H OF STAY IN 16	11			w Wind	te limits, write l ISOP	RURAL end g	ive negrest	town)
d. N	NAME OF HOSPIT OR INSTITUTION	TAL (If nat in haspitol, g	ive street	oddress)		d.	STREET ADDR	D.	2		bx-	0	RESIDENCE ON A FARM? S NO
	EASED	PETER Fir		MAS	Middle DUDDER	AR	Last		4. DATE OF DEATH I	Movemb		9,	Yeor 19 60
5. SEX	10	6. COLOR OR RACE White	7. MARR		DIVORCED [, 18	387	AGE (In years lost birthday)	Months	Days Ho	JNDER 24 HRS. Durs Min.
du	sual occupation most of work rpente.	ON (Give kind of work king life, even if retired	done 10b.	-	usiness or indu	STRY 11.	BIRTHPLACE		_	ntry)		U. S.	A.
3. FAT	HER'S NAME Warren	E. Dud	dera	r		14. M	Magg:		AME Barı	nes			
18.	CAUSE OF DEA	mmediate (R1		b), ond (c).]	alph reel affe	n T. I	3arı - L	nes,	Same	as #	INTERVA	L BETWEEN AND DEATH
IIFICATION	a. ACCIDENT W	HER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH	DITIONS		NG TO DEATH BU	- 14					VEN IN PART	PE	VAS AUTOPSY ERFORMED?
	EITHER, NOTIFY TIME OF INJUR Hour o.m. p. m.	MEDICAL EXAMINER)	ar 20d. II While of wor	NJURY OCC	hile fo		INJURY (Homet, office bld		20f. (City o	r town)	(C	Caunty)	(Stote)
AC SIG	LIVE ON	Sipy 23 RULLEX JAMES V	deceas , 19	1 .	and that deoth	/		1 A			ond an th		the deceosed tated abave DATE SUGNED
		Nov. 11) 1960		AE OF CEMETERY CO					on (City. town, derick			(Stote) yland
	C. M.		infi	eld.	Marula:	nd			DV 1 4 '6		ISTRAR'S SIG		

may be retained by the haspital or attending physician.

Yellied To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to page 3. The page 3. The plant of the plant of the plant of the plant of the page 3. The plant of the plant of the plant of the plant of the page 3. The plant of the plant of the plant of the plant of the page 3. The plant of the pl

ix by the funeral director, 2 shauld be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

48.00 B.00 S.	E OF DEATH		5.483	
		THE PERSON NAMED IN COLUMN 2		
	of the Park of the World World		Service of the last of the las	
	CALLY WALL ARE THE			
				ALMEN .
double double				
		that plantas was provided		
	Man and the same of the same o			
	Brostlett > No.	District Column		37 - Page 10
		The state of the state of		
	TYANS			
	ing the second of the	-01020114-25-515		
				all and and
	The state of the s			
Control of some of the decision of the	and the second	excess to each feet of		
	All and Mary In the Lands			
	STATE STATE OF THE STATE OF			100
one frank , ob anim	BOUTH TO STRAIGH	Sod Fingerson Oc	L. M. 70	
			in like . add a	Web Bar
		and the state of t	A SOURCE OF THE REAL PROPERTY.	0 6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12440

CERTIFICATE OF DEATH

12428 Reg. Dist. No.

	TOTAL				keg. Dist. No.	
1	. PLACE OF DEATH o. COUNTY Carryll	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institute b. COUNTY		re odmission)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	NGTH OF STAY IN 16	c. CITY OR TOWN (If Jours	side corporate limits, write	RURAL ond give nec	arest town)
+	d. NAME OF HOSPITAL (If not in hospital, give street address OR IDISTITUTION	2 years	d, STREET ADDRESS	seen		e. IS RESIDENCE ON A FARM?
-	Park Une hola	-1	I was wo	Med	L	YES NO
3	NAME OF DECEASED (Type or print) FRED LII	NEAUS	ENGLE	DATE MO	onth Do	4 19 60
5	SEX 6. COLOR OR RACE 7. MARRIED [] Whate widowed []	NEVER MARRIED	8. DATE OF BIRTH 9.01.30.190	9. AGE (In year) lost burthdoy) 50 yrs		TF UNDER 24 HRS. Hours Min.
Ī	00. USUAL OCCUPATION (Give kind of work done 10b. KIND (during most of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPHARE (Shale or	foreign country)	12. CITIZEN C	F WHAT COUNTRY?
í	3. FATHER'S NAME	419 Sehr	MOTHER'S MAIDEN NA	me y, la.	u.	J.a.
	Irvin K. Male		Cora ne	uman		
	S. WAS DECEASED EVER IN.V. S. ARMED FORCES? 16. SOCIA Yes, no. or unknown) (If you give wor or dates of services) 2/4	1 SECURITY NO. 17. 1	mp Just	Emple su	dress Mu Ads	Irla
	18. CAUSE OF DEATH [Enter only one couse per line for (PART I. DEATH WAS CAUSED BY:	(o), (b), and (c).]	in This	mboris		ERVAL BETWEEN
	IMMEDIATE CAUSE (o)	20 00 00	7	V 0		201111
	Conditions, if ony, which gove rise to immediate coese (o), stating the under-				(2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	79
I.	lying couse lost. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GI	IVEN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	ED. (Enter noture of injury in Por	rt 1 or Port 11 of item 18.)		
	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY While Not work of work	Not while fo	ACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
1	21. I certify that I attended the deceased from		, 1948, ta 1/0			w the deceased
	alive on 100 1 1960	_, and that death	accurred at 1:20.4	M, fram the causes DRESS (Street, city or town		te stated abave. DATE SIGNED
	SIGNATURE W/ HOWE		M.D. MANCH	ester 1	1d 11	-24-60
	PHYSICIAN'S NAME (Type) W. H. FOA	rd.M.T.	MAN	Chester	- Mo	villant
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY O	OR CREMATORY 2	2d. LOCATION (City, fown.	or county)	(State)
2	3. PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. PEC'D	BY REGISTRAR 24b. REG	SISTRAR'S SIGNATUR	RE
	X. Z. Mulis, A. West	numles	DATENOV	28'60 a	thur S. Krau	4 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, moy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 that the detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the registror prior to burial, crematian, or removal, and in any even within 72 hours after death. VS A15 (4) 15M 9/SS

	TARO TO STA	
	The state of the s	
		The line of the state of the line of
White the property of the control of		
Settlement that you make the	Je 1781	
THE RESERVE AND ADDRESS OF THE PARTY OF THE		
	Application of	

VS A15 (4) 15M 9/5B

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

12443 CERTIFICATE OF DEATH

Reg. Dist. No. 2429

1. PLACE OF DEATH O. COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY cappage b. COUNTY cappage b. COUNTY cappage c
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest toyn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WESTMINSTER
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) TAMES HOWARD E	SWORTHY 4. DATE Month Day Year OF DEATH NOV- 19 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH AUG, 2, 1890 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS IF UNDER 24 HRS Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LANDSCAPING LANDSCAPING	10 0 0 11 0 1/2
13. FATHER'S NAME JAMES (NMI) ESTUDITHY	14. MOTHER'S MAIDEN NAME RACHAEL S. DUVALL
(Very no or unknown) 186 are also are detailed	TERBELT ESWORTHY RTHINGW WINDOW
Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying cause last.</u> DUE TO DUE TO (b) DUE TO (c)	LEBRAL THROMBOSIS ONSET AND DEATH 2 DAYS
ICATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year Vol. INJURY OCCURRED Hour a. m. p. m. 19 20d. INJURY OCCURRED to while of work at work at work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
ACTUAL Milliam 1 Storest	25, 1955, to NOV. 19, 1960 that I last saw the deceased a accurred at 4,15 PM, from the causes and on the date stated above ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNED WESTMINSTER, MD
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL OF CO	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz, Winfield, Md.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE NOV 2 2 '60 Cuthun S. Kraus

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yed by the haspital ar attending physician.

**RECTOR: After this certificate has been signed by the attending physician and campletely filled physician.

TO HC

VR A15 (4 15M 9/59

Page 4 diractor

60

(Stote)

22h DATE SIGNED

(State)

Allmore

25b. REGISTRAR'S SIGNATURE

arthur & Forsus

25a. REC'D BY REGISTRAS 60

24. FUNERAL DIRECTOR'S SIGNATURE

A PERSON OF THE PROPERTY OF TH . The training the contract of t the second of th

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12454

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY CARROLL MARYLAND	a. STATE MARYLAND b. COUNTY BALTIMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SYKESVILIF-(RURAL)	RUXTON 4 0355-2
d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
GOLDEN AGE NURSING HOME	MAYEE AVENUE YES NO DE
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
(Type or print) NOSIE COALE FI.	SHPAW DEATH NOVEMBER 3, 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iost birthdoy) Months Days Hours Min.
FEMALE WHITE WIDOWED DIVORCED	MAY 2, 1874 86 yrs.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
HOWEWIFE OWN HOME	MARYLAND VSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES COALE	MYRA LEE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. of unknown) (If yes, give war or dates of service)	INFORMANT Address
NO NONE NONE	AMILY RECORDS
1B. CAUSE OF DEATH [Enter only one couse per line for (0) by and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	andy
H2 O DUE TO	11-1-
Conditions, if ony, which (b)	M. Mymmm link.
gove rise to immediate DUE TO	1 11 4
lying cause last. (c)	My pulling !
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 Janell	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IED. Enter nature of injury in Part I or Part II of item 18.)
9	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
Haur o. m. p. m. 19 While Not while of work at work	de de la companya de
21. 1 certify that (I) (this haspital) attended the deceased fram	AM 26 1960, 6M 34 19 that (1) (we) last
	death accurred a 7 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
Thirtill I Maslon.	M.D. ATTENDING MED. STAFF SIGNED PHYS. SIGNED
INAMERITATION RELLINIMASTI	22d. ADDRESS
23a. BOTHAL GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
100 1.1960 Nov. 7. 1960 PROSPECT	- HILL CEMI TOWSOMIND.
24. FUNERAL DIRECTOR'S, SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
John Burne Sons, Towson, 1	U. DATE NOV 9 '60 Orthur S. Kraus

12251 그들은 사람이 되었다. 그렇게 그 사람들은 사람들은 사람들이 가지 않는 사람들이 되었다.

Reg. Dist. No.

							real miss.	110.	
1. PLACE OF DEATH o. COUNTY	arroll	MARY	O STATE	Maryla:	re deceased live	d. If institution b. COUNTY	n: Residence Carrol	before admis	ision)
RURAL ond give	(If outside corporate limits neorest town) rg R.D.1	, write c. LENGTH OF STAY		R TOWN (IF OU Aksburg	R.D.1	imits, write RU	RAL ond give	e nearest tow	m)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, given old Westmin			d Westm	inster E	Road		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Agnes	Grisel d a Middle	Frazie		4. DATE OF DEATH	Nov. 23,	1960	Day	Yeor
s. sex Female	7.79 . 1	7. MARRIED NEVER MARRIE	1111100 3	,1882	9. A		Months Do	EAR IF UND	_
during most of wo	ION (Give kind of work derking life, even if retired) ework	one 10b. KIND OF BUSINESS OF		PIACE (Stote o)		NOFWHAT	COUNTRY
13. FATHER'S NAME George	H.Frazier		The second secon	rs MAIDEN NA ry Adel	aide Lau	iver			
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORC (If yes, give war or dates of ser		Joseph 1	M.Frazi	er,Finks	sburg, M	id.		
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony, which immediate	Uremia Arterioscle		rdio-V	ascula	r Dise		INTERVAL BONSET AND	eeks
200. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEA					N IN PART 1	PERF	AUTOPSY ORMED?
ZOc. TIME OF INJU Hour o. m.	10	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY foctory, street, off		20f. (City or to	wn)	(Cou	inty)	(Stote)
	hat I attended the ov.22	deceased fram May, 1960, and that	death accurred o	11:450	y. 23 A, from the DDRESS (Street, D Street	causes and	d an the d	date state	d above
	Martin E. ON, 22b. DATE THEREOF	Strobel M.D.	TERY OR CREMATORY		rstown			(Sto	uta)
Burial	Nov. 26, 19	60 Finksburg			Finksk	ourg, Md			10)
23. FUNERAL DIRECTO	R'S SIGNATURE	ster Md. S.	much Or.	24a. REC'D	BY REGISTRAR V 2 8 '60		TRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNER ARECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove containing pages 1 and 2 should be filled with the registror prior to burial, cremotion, or removal, and in any event within 72 hay's after death. VS A1S (4) 1SM 9/SB

		afic plat		43251	
	January .			Total	
one l	sarious Surface In Lo		The second		
C.C					
				a+1/1	o Local
	mai maia				
25000	MALE TO			*********	
a the product	th probable	0000	of O.E.		
How S			o transiti		
STRONG CLASSIN TO	Loon Wendburd	201040	Cong.tradita		
	68 / in	: 5	261	\$5.19	State A
H-ES-III	er stand by		100		y Lambel
Saurren a	pyoundelast.		J. E. Jedow	E. Latina	
A Little grown		Sala A	underfut 0	0.000	
man Labor.	٧.		A Million		1.

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
12456
TEMPORATIFICATE OF DEATH

				7 - 1	CTUU CU						
1. PLACE OF DEATH o. COUNTY Ca	rroll		MARYL		o. STATE Maryla	here deceased nd	d lived, If instituti b. COUNTY	on: Residen	oll	e admission 96	n)
b. CITY OR TOWN (I RURAL ond give no Sykesvill		1	. LENGTH OF STAY IN	N 16	C. CITY OR TOWN (IF	outside corpo	rote limits, write f dbine	URAL ond	give nea	rest town)	
d. NAME OF HOSPIT OR INSTITUTION Springfield	AL (If not in hospital, g		dress)	1	d. STREET ADDRESS	Rout	e # 1 ome/Syke	5+177e	111	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Wal	rst	Middle	11/	Lost Haines	4. DATE OF DEATH	Mor		Doy 25	Y	ear
s. sex Male	6. COLOR OR RACE White	7. MARRIED	DIVORCED	-	2-4-1890		9. AGE (In years last birthday)	IF UNDER Months	Days Days		
Unknown	DN (Give kind of work king life, even if retired Laborer	dane 10b. KII	nd of Business or		Maryland		ountry)	12.CIT		WHATCO	DUNTRY?
	i∰ Haines			1	4. MOTHER'S MAIDEN		da Jenkin	ns.			
	R IN U. S. ARMED FOR (If yes, give war or dates of s		OCIAL SECURITY NO.	17, INFO	RMANT Hospita	al Rec	ords.	lress			
PART I. DEA	TH [Enter only one co. TH WAS CAUSED BY: IMMEDIATE CAUSE (c.) DUE TO	Gas	tro intest	MIT.	Hemorrha ge				da		WEEN DEATH
gave rise to i couse (o), stoting lying cause lost.	the <u>under-</u> DUE TO)			T RELATED TO THE IERN	MINAL DISEAS	E CONDITION GI	VEN IN PAR		P. WAS A	UTOPSY RMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY OC	CURRED. (Enter noture of injury in	Part or Por	t II of item 1B.)			YES [_]	NO PE
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	or 20d. INJU While of work	Not while	Oe, PLACE foctor	OF INJURY (Home, form t, street, office bldg., et	m, 20f. (City	y ar town)	(County)		(Stote)
21. I certify the saw the decease 22a. SIGNATURE	at (I) (this haspitolised alive on 11-	ottended 24-	1960 , and t	hat dea	th occurred at 2.	9 60 to	the causes or	19_5 nd on the	50, the	at (I) (w stoted 22b	above.
22c. PHYSICIAN'S NAME (Type)	Agustin de	1 Camp		131 4M.C	PHYS. D	eld St		ital S	Syke	ll-2 svill	25-60
23a. BURIAL, CREMATIC BENCYAL (Specify)	Nov. 28,	1960	23c. NAME OF CEMET Winfield		irch of Go		TION (City, town, Carrol.	1 Co.	,		land
C. M. Wal		nfiel	d, Mary	Land		2 9 '60		ISTRAR'S SI		E	
DECEASED (Type or print) S. SEX Male 10a. USUAL OCCUPATIC during mast of worl UNRIGHT 13. FATHER'S NAME Lev 15. WAS DECEASED EVE (Yes, no, or unknown) 18. CAUSE OF DEA PART I. DEA Conditions, if o gave rise to i couse (o), stoting lying cause lost. Chronic F OR CONTRIBUTING (IF EITHER, NOTIFY 20c. ACIDE THOUSE Hour o. m. p. m. 21. I certify the saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATIC BEMOVAL (Specify) 24. FUNERAL DIRECTOR	Wall 6. COLOR OR RACE White N (Give kind of work ing life, even if retired Laborer I Haines R IN U. S. ARMED FOR (If yes, give wor or dates of s TH [Enter only one cc TH WAS CAUSED BY: IMMEDIATE CAUSE (IC IN), which mmediate the under- OUE TO IN, which mediate the under- OUE TO IN, Which MEDICAL EXAMINER) Y Month, Day, Ye 19 It (I) (this haspitol and alive on 11— Agustin de N. 23b. DATE THEREC NOV 28 S SIGNATURE	7. MARRIED WIDOWED dane 10b. KIII) 16. SO Buse per line Gas Diffions Col Ome du 20b. DESCRI While of work [1) oftended 214- 1 Camp DF 1960	DO NEVER MARRIED DIVORCED NO OF BUSINESS OR DCIAL SECURITY NO. For (o), (b), and (c).] TO INTEST THE ULCER NTRIBUTING TO DEAT TO COURRED OF WORK OF WORK OF WORK 23c. NAME OF CEMEN WINFIELD ADDRESS	INDUSTRY IT. INFO LIT. INFO LI	Haines PATE OF BIRTH 12-11-1890 11. BIRTHPLACE (Store Maryland 4. MOTHER'S MAIDEN HOSPITA HEMOTTHA ge TRELATED TO THE JERN T	All All Company of the company of th	9. AGE (In years Add Ords Add Ords E CONDITION GI It II of item 18.) It II of item 18.) IT AGE THE CONDITION GI THE COUSES OF PHYS. X TION (City, town, Carrol. TRAR 25b. REG	IF UNDER Months 12. CIT U STRAR'S SI	INTEGORAL JOSEPH COUNTY) County) County) County) County) County)	RVAL BETT ET AND YS ATS O. WAS A PERFOR YES O. W	GEONE 24 HILL MINING TWEEN HIL

		annin d						
	has ex-		C ortin					
	A ALTHOUGH C	manh ch	CC+ to ser					
	free free contractions	Fed to the	Legan Mark					
	and the second	natur						
e l'éé	0 12 20		ated state					
	beatter!		LOGICAL PROPERTY					
and the state of			SELETE ATTAL					
. chao	ool Indicant							
	I I a see see in the	Part Language Language						
		reals obvied						
	กล้าวการโรกเกล้าระหา โรก	rest of the con-						
ena Juan								
	ta hinitaritera							
Grant Do., Ervin	000 10 10 110 1110	The same config	YOU LEED BY					
COLUMN TO STATE OF THE STATE OF	land		o de la velore.					

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

19457

- 1		1 1 1 1										
	1. PLACE OF DEATH a. COUNTY Carroll			MARYLA		usual RESIDE o. STATE Maryla		eceased live	b. COUNTY	an: Resider		1
	b. CITY OR TOWN (RURAL and give n	If autside carporate limi	ts, write	c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TO	WN (If autside	carporate	imits, write R	URAL and	give neare	st tawn)
d	Sykesvil	le		10mo. 22da		Baltir	nore 11				3101	14
_	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	give street			d. STREET ADI				11111	e.	IS RESIDENCE
		eld State H	ospi	tal		818 W.	37th	Stree	t			YES NO
	3. NAME OF DECEASED	Fir	st	Middle		Last	4. D	DATE	Man	ith	Day	Year
	(Type ar print)	Josep	h	Johns	son I	Hitchin	gs,Sr.	DEATH]	Vovemb	er	30	19 60
	5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. [ATE OF BIRTH		9. A	GE (In years			UNDER 24 HR
	Male	White	WIDOW	ED DIVORCED		5-31-83	L		79 yrs.	Manths	Days I	Haurs Min.
Ħ	10a. USUAL OCCUPATIO	ON (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC	E (State or for	reign cauntr	r)	12. CIT	IZEN OF W	VHAT COUNTRY
	Electrician		'			Vir	ginia				U.S.A	
1	13. FATHER'S NAME			-	1	4. MOTHER'S M	w.	F3/1//				
)	Richard I	R. Hitching	S			Eliza	abeth -					
	15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	and the same of the same of			Add	ress	-	
	No	(if yes, give wor or odies or s	ervice;		Sp	ringfiel	Ld Stat	e Hos	oital I	Recor	ds	
		ATH [Enter anly one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO) Ar	ine for (a), (b), and (c).] teriosclerot	tic c	ardiova	scular	disea	se		ONSET	VAL BETWEEN I AND DEATH Years
	Canditians, if a gave rise to i cause (a), stating	ny, which (b	Se	vere coronar	ry ar	tery di	sease				15	years
	lying cause last.) (c	-		11 ALIT L					45. 4 14 4 15 4 15	- 14 1/10	MACA ALITORCI
	CBS a			contributing to DEAT le brain dis						EN IN PAR		PERFORMED?
-	(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	CURRED. (Enter nature af i	njury in Part I	ar Part II a	f item 18.)			
	20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Ye	ar 20d. I While at war	Nat while	0e. PLACE factor	OF INJURY (Ho v, street, affice b	ime, farm, 20 oldg., etc.)	of. (City ar t	awn)	(Caunty)	(State
	21. I certify the	at (1) (this haspita sed alive an NOV	l) attend ember	ded the deceased fir 30 1960, and t	ramJ_s hat dea	nuary 8	10:30	ta Novembram the	rember causes an	30 19 0 nd an th	50, that e date s	t (I) (we) la stated abave
	22a. SIGNATURE	220. SIGNATURE ATTENDING MED. STAFF SIGNED ATTENDING DIRECTOR PHYS. 211-30-60 22b. DATE SIGNED										
	22c. PHYSICIAN'S NAME (Type)	Agustin d	el Ca	ampo, M.D.		22d. ADDRES	Phi	_	d State		pital	
	23a. BURIAL, CREMATIC REMOVAL (Specify	DN. 23b. DATE THEREO	160	23c. NAME OF CEMET	ERY OR C	Park	23d.	130	(City, town,	600		(State)
	24 NUNERAL DIRECTOR	'S SIGNATURE	. 0	ADDRESS		- /	5a. REC'D BY		25b. REGI	STRAR'S SI	GNATURE	
7	Taul C. l.	henowe	The.	3617 6 hes	hum	Stee !	DATE DEC	6 '60	0	lithur a	8. Fran	A

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 the funeral directar, 2 shauld be filed with may be retained by the hospital ar attending physician.

TO FUNER SIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremotion, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

26 35 PR # 1 8 8 4 - 10 km - 10 Cl the bissery of the state of the peace of the present of the present of the peace of Carrier of a set of the start of the set of the state of the state of

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12435

1. PLACE OF DEATH o. COUNTY	Carroll	448	MAR	YLAND	2. USUAL RESIDENCE (W	-	d lived. If instituti b. COUNTY		before odmis		
b. CITY OR TOWN (I RURAL and give no	f autside carporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If	autside carpo	rate limits, write R	URAL ond gi	ve nearest law	n)	
Rural - Syl			ly. 3m. 1	ld.	Brownsville						
OR INSTITUTION	AL (If not in hospitol, g				d. STREET ADDRESS		2	1x-	ON	SIDENCE A FARM? NO	
3. NAME OF DECEASED	Fir	st	Middl	le	Last	4. DATE	Mar	ith	Day	Year	
(Type or print)	Mary		Rebec	ca	Holder	DEATH	1	1	3	1960	
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	RIED 🔲	B. DATE OF BIRTH		9. AGE (In years		YEAR IF UND	-	
female	white	WIDOWE	DIVORC	ED 🔲	11/28/68		last birthday) yrs.	Manths [Days Haurs	Min.	
10a. USUAL OCCUPATION during mast of warl		dane 10b.	KIND OF BUSINESS	OR INDUS	STRY 11. BIRTHPLACE (Stote Virgin	ar fareign co ia	ountry)	12.CITIZ	EN OF WHAT	COUNTRY?	
13. FATHER'S NAME				610	14. MOTHER'S MAIDEN	NAME				F. 180	
James Henr	ry Thompson			20	TAVIA Campbel	1					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO		IFORMANT		Add	ress			
Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	None	Spr	ingfield Hos	pital :	records	Syke	sville	Md.	
18. CAUSE OF DEA	ATH [Enter only one co	use per lir)-1					INTERVAL B	ETWEEN	
PART I. DEA	TH WAS CAUSED BY:	, Br	conchopneu	monia	a associated	with h	eart fai	lure	davs	DEATH	
450	DUE TO	-									
Canditians, if a	ny, which)	. Ge	eneralized	arte	riosclerosis				vears		
gave rise to i	mmediate (,							Jour		
lying cause last.	the under-	1							A FEB		
OR CONTRIBUTING	rain syndr	ome a	associated brain di	with	NOT RELATED TO THE TERM 1 disturbance 2 with psycho D. (Enter nature of injury in	of Me	tabolism	en in part, Grow	1(a) 19. WAS PERFO YES	DRMED?	
ZOc. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	ar 20d. It While at war	NJURY OCCURRED Nat while at wark	20e. PL	ACE OF INJURY (Hame, farr stary, street, affice bldg., etc	m, 20f. (City c.)	ar tawn)	(Co	ounty)	(State)	
saw the deceas	nt ()\$ (this haspita sed alive an	1) attend 11/3			7/22 19 leath accurred at 1:	59ta 15 p. m. 15 from				d abave.	
22a. SIGNATURE	tartin	ne	ber		M.D. PHYS. D	AED.	STAFF PHYS.		11/1	SIGNED	
22c. PHYSICIAN'S NAME (Type)	Konstanti	n Web	er, M. D.		22d. ADDRESS Sp. Sykesvi	ringfi lle, M	eld Stat aryland	e Hosp	ital		
23a. BURIAL, CREMATIC REMOVAL (Specify)	N, 23b. DATE THEREC)F	23c. NAME OF CEA	METERY O	R CREMATORY	23d. LOCAT	TION (City, tawn,	ar caunty)	(Sta	ite)	
BURIAL (Specify)	Nov. 6-19	60	BROWNISY	ILLE	CEMETERY	BIROV	VNSVILLE	WASH	+ Co-MI	0	
24. FUNERAL DIRECTOR			ADDRESS		25a. REC	D BY REGIST	RAR 25b. REGI	STRAR'S SIG	NATURE		
Peter Kl. K	sait	100	ONSBORO	MI	DATEMO	v 9 '60	o a	an 8 +	Traves		

		YEAR OLD THE	27.221					
		(alterna						
	and Single and the							
			All the state of t					
ed raw super			Pro land					

_											
	PLACE OF DEATH O. COUNTY Carroll			MARYL		usual RESIDENCE (WI d. STATE Maryland	here deceased	b. COUNTY	on: Residence		ission)
	b. CITY OR TOWN (I RURAL and give no	f outside corporate lim	its, write	c. LENGTH OF STAY	50 11	c. CITY OR TOWN (If o	outside corpor	ate limits, write R	URAL ond give	e nearest to	wn)
	Sykesvi			9mo. 11da	•	Baltimore	31, Ma	aryland		JV	01-
	d. NAME OF HOSPIT	AL (If nat in haspital,	give street	t address)		d. STREET ADDRESS				e. IS R	A FARM?
		Leld State	Hosp	ital		223 % Du	ncan S	treet		YES	☐ NO 🔀
3.	NAME OF DECEASED	Fi		Middle	645	Last	4. DATE	Mon	th	Day	Year
	(Type or print)		liam		hael	Menzel	DEATH	11		23	19 60
5.	WW Male	6. COLOR OR RACE White	7. MAR	RRIED NEVER MARRIED		11-15-85		9. AGE (In years last birthdoy) yrs.	Months D	YEAR IF UN	
100	. USUAL OCCUPATION	ON (Give kind of wark	dane 10b	. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	ar fareign co	untry)	12. CITIZE	N OF WHA	TCOUNTRY
	Factory	king life, even if retired Worker	"	-		Maryla	nd		U.S	S.A.	
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	Peter C.	. Menzel			9.19	Unkn	own				
		R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress	11/4 6	
,,,,	No	(ir yes, give word or odies or	1	216-01-9015	Sp	ringfield S	tate H	ospital I	Record	S	
	18. CAUSE OF DEA	ATH [Enter only one co	ouse per	line for (o), (b), ond (c).]						INTERVAL	BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Asphyxia due to occlusion of both bronchi with instant										
	DUE TO aspirated food.										
	Conditions, if a		AT	rteriosclero	tic h	eart diseas	e due	to coron	ary	year	S
	gave rise to i cause (a), stating		ar	teriosclero	sis.						
	lying couse lost.) (c)								
O.				CONTRIBUTING TO DEA						PER	S AUTOPSY
CAT	C.B.S.	associated	-	h senile br			-		ction.	YES	NO [
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OC	CURRED. (Enter nature of injury in	Part I or Port	Il of item 18.)			
MEDICAL		Y Month, Day, Ye				OF INJURY (Home, farm, street, office bldg., etc.		or lown)	(Co	unty)	(Stote
MED	Hour o.m. p.m.	19	While	e Not while	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	.,				
	21. I certify the	at (1) (this haspita	l) atten	ded the deceased	from N	ovember 4, 19	60 toN	ovember :	23, 19 60) that (I') (we) las
	saw the deceas	sed alive an NOV	rembe	r 231960, and	that dea	th accurred at2:3	Sty, ProM.	the causes an	d on the	date state	ed above
	220. SIGNATURE	metris	De	1 ambo) M.D		NED.	STAFF PHYS.			226. DATE SIGNE
	22c. PHYSICIAN'S	VUX VVI				001 10000		eld Stat			
	NAME (Type)	Agustin de	el Ca	ampo, M.D.				le, Mary			
230	BURIAL, CREMATIC REMOVAL (Specify)	DN. 23b. DATE/THERE	160	230 NAME OFFICEME	Red Ped			allen		(S	itote)
24.	EUNERAL DIRECTOR	'S SIGNATURE	0	ADDRESS 2	024	25a. REC	D BY REGIST	100	STRAR'S SIGN		
1 /	-11/1/1/N	NYIIIMI	1 11	14/1 // // // // //	111.01	DATE DATE	MALA W	00	Taxlua 8	Track	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, should be filed with TO FUNER STRECTOR: After this certificate has been signed by the attending physicion and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages 1 the State Board of Health prior to buriol, cremation, or removal, profit may event within 72 hours after death.

VR A1S (4) 15M 9/59

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATLE

-	-	 -		-	-	ATL
- (LD		413	OF		Δ I \bowtie
			V I E			

1	1. PLACE OF DEATH				2.		ENCE (Who	ere decease	d lived. If institut		nce befor	e admissi	on)
	o. COUNTY Ca	rroll		MARYLA	UND	o. STATE Maryland b. COUNTY Frederick							
	b. CITY OR TOWN (II RURAL and give ne	autside carporate lim	its, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR T	OWN (If or	utside carpo	rate limits, write	RURAL and	give nea	rest town)
		Sykesville		4 mos. 9da	ys	Frederick							
-	d. NAME OF HOSPIT.	AL (If not in haspital, s	give street o	address)		d. STREET AL	DDRESS					e. IS RESI	DENCE FARM?
)		ld state H	ospit	al		11	5 Rec	ord S	t.				NO 🔯
1	3. NAME OF	Fi	rst	Middle	The Late	Last		4. DATE	Ма	nth	Day	y 1	ear
	(Type or print)	Leonora		Cecelia	1	ILLER		DEATH	Novemb	er	2	1	960
	S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. [ATE OF BIRTH	1		9. AGE (In years	IF UNDER			
	Female	White	WIDOWE	DIVORCED		1-Augi	1880	rens	last b BO yrs	. Monins	Days	Hours	Min,
	10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (State o	ar foreign c	ountry)	12. CIT	IZEN OF	WHATC	OUNTRY?
	Nurse	ing ine, even it renred	" He	me for the	Aged	Mary	rland			U	.S.A		
	13. EATHER'S NAME			CALL WAS YOUR	1	4. MOTHER'S	MAIDEN N	AME					
	Louis	ler				Lvdia	Stor	m					
	5. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO				Add	dress			
1	(Yes, no, or unknown) No	If yes, give wor or dates of :	service)	None	Hos	oital R	lecord	s					
		TH [Enter anly one co	use per lir	ne for (a), (b), and (c).]	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						INTE	RVAL BE	TWEEN
H		TH WAS CAUSED BY:	Acu	ite hemorrha	ge di	ue to p	erfor	ation	of the			ET AND	
	45	DUE TO		ourysm of th	10 ao	rta int	o the	trac	nea.		NIT	nute	3
	Condition it												
		Conditions, if any, which gave rise to immediate DUE TO											
	cause (a), stating	the under-											
	Z Part II OTh	J (CONTRIBUTING TO DEAT	H BUT NO	T PELATED TO	THE TERM	NAI DISEAS	E CONDITION G	VFN IN PAI	RT 1(a) 1	9. WAS	AUTOPSY
	E Chronic b	rain syndr	ome a	associated v	rith	circula	tory	distu	rbance.	with		PERFO	RMED?
-	Dsychotic	reaction.		CRIBE HOW INJURY OC								11.3	140 []
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200, 023	CKIBE HOW INJURY OC	CORRED. (Linei naiore o	i injory iii i	dit i di i di	, , , , , , , , , , , , , , , , , , , ,				
		Y Month, Day, Ye				OF INJURY (I			or town)		(County)		(State)
	Hour a.m.	19	While at war	Nat while	100101	y, 311001, 011100	bidg., eic.						
		t (I) (this hospita	1) attend	led the deceased f	rom	June 23	3 15	0 . ta	November	1 196	Q_, th	at (1) f	we) last
				19,60 , and t				A					
	22o. SIGNATURE	a distribution	-		nai dec	0.0001100		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 000503 0			221	DATE.
		Tha	X PL	mm	М.Е	ATTENDING	G ME	D.	STAFF PHYS.			11-	SIGNED
	22c. PHYSICIAN'S	1	1/10	00.7001		22d. ADDRE							
	NAME (Type)	Ilse Kamm.	M. 1	D.		Sprin	ngfiel	d Sta	te Hospi	tal -	Syk	cesvi	lle,M
	23a. BURIAL, CREMATIO	N 235 DATE THERE		23c. NAME OF CEME	ERY OR C				TION (City, town,			(Stat	
	Burial (Specify)	11-4-60		Mount Oli			y		derick, M				
-	24. FUNERAL DIRECTOR	S SIGNATURE	. 17.	ADDRESS No.	mr] aw	d	2So. REC	D BY REGIS	TRAR 25b. REC	SISTRAR'S S	IGNATU	RE	
}	M. R. Etc	hison & Son	a, Fr	ederick, Ma	ГАТеп		DATE N	OV 7	60	Ireling .	8 tt.	4	
											1 104	46.5	

	112461			
			W =	
		Children and		
KINES.				
			morned allow	
			SOUTH WEST	
		De La crescare	DATE LOUVE BY L	
		4		
	-195			
	TRACTOR IN			
	ADDED TO THE			
	All teath and it			

VG PHYSICIAN: The low requires that the death certificate be executed within 24 hours orief death. Tage 4		er this certificate has been signed by the attending physician and completely filled in the funeral director,	I far use as the burial-transit permit. Then please remove carbon papers. Pages 1 az . shayta be thed with	-
dedin.		funerol	JIG be Fr	1
OTTE		the	sho	
nours	-		0.0	
4		lled	S	th.
WITHIN		tely fi	Poge	er dea
cored		omple	apers.	rior to buriol, cremation, or remayol, and in any event, Within 72 hours after death.
×e		P	d u	ho
o e		00	rba	7
core		sicion	ve ca	hithin
erfifi		phy	emo	ent,
0		ling	Se	'ev
deor		ttend	pleo	OU
the		he o	hen	i pu
thot		by t	+	0, 1
res		pau	ermi	novo
ada	ċ.	Sign	4	rer
L MC	Sicio	een	rans	n, or
ne lo	phy	os b	1-10	ofio
= ::	spitol or attending physicion.	ote h	bur	crem
M	ten	ifice	the	ol,
rsic	r of	cert	90 9	buri
H	0 10	his	US	0
2	spite	er	for	rior

MARYLAND STATE DEPARTMENT OF HEALTH

12461 CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY Carroll	o. COUNTY					2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o STATE Maryland b. COUNTY B. COUNTY B. COUNTY B. COUNTY Maryland						
Н	b. CITY OR TOWN (II	outside corporate lim	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	outside corpor	rote limits, write S	RURAL and giv	ve nearest tov	vn)		
	Sykesvil			8yr.lm.ld.		Cumberland			0	10	7-3		
-	d. NAME OF HOSPIT	AL (If not in hospital,	give street			d. STREET ADDRESS		L COLUMN		e. IS RI	SIDENCE A FARM?		
)	OR INSTITUTION Springfi	eld State I	lespi	tal		North Mech	anic S	street			NO K		
	3. NAME OF	Fi.		Middle		lost	4. DATE	Mai	nth	Day	Year		
7	(Type or print)	Har		William	,	Morris	OF DEATH	Novem	nber 28	/	19 60		
	S. SEX	6. COLOR OR RACE		RIED X NEVER MARRIED		DATE OF BIRTH		9. AGE (In years		YEAR IF UNI			
	Male					6-6-1894	134	lost birthdoy) 66 yrs.	Months [Poys Hours	Min.		
	10a. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTR	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WHAT	COUNTRY?		
	None	ing me, even is remed	,	-		Maryland			U.	S.A.			
1	13. FATHER'S NAME	15.00				4. MOTHER'S MAIDEN N	NAME						
)	Unknown					Unknown							
/	IS. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFO			Add	iress				
	(Yes, no. or unknown) No	(If yes, give war or dates of	service)	-	Snr	ingfield St	ate Ho	ospital B	Records				
		TH [Enter only one of	ouse per li	ine for (o), (b), and (c).]	- 0-					INTERVAL	BETWEEN		
		TH WAS CAUSED BY:	Ar	teriosclerot	ic l	eart diseas				vea:			
	41	IMMEDIATE CAUSE (//	del Topeter or	20 1	lear o arbear				0			
	70	DUE TO		eneralized ar	rter	e insclaration				yea	rs		
	Conditions, if or	mmediate ()	meralized ar	. 001	TOPCICI OPID			-	300.	-		
	couse (o), stoting	the under-)										
	lying couse lost.	JER SICHIEICANIT CON		CONTRIBUTING TO DEATH	4 BUT NO	OT DELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. WA	AUTOPSY		
	\subseteq			exication, al						PERI	OKMEDY		
>	20g. ACCIDENT WA			SCRIBE HOW INJURY OCC									
	U (IF EITHER, NOTIFY	MEDICAL EXAMINER)											
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	or 20d. While			OF INJURY (Home, farm y, street, office bldg., etc		or town)	(Co	ounty)	(Stote)		
	₹ p. m.	19	ot wo										
	21. I certify the	it (1) (this haspita	l) atten	ded the deceased fr	om No	ovember 23 19	60 to 1	November	28 19 60), that (1)	(we) last		
	saw the deceas	sed alive an NO	vembe	289 60, and th	nat dec			Me causes a	nd an the	date state	d abave.		
	220 SIGNATURE	1.	- 1	0 1							22b. DATE SIGNED		
9	Ox	ustin d	el (Combo	M.I	D. PHYS. D	RECTOR	STAFF PHYS.	11-2	8-60	SIGNED		
	22c. PHYSICIANS			.1-		22d. ADDRESS ST	ringfi	ield Sta	te Hosi	oital			
	NAME (Type)	Agustin d	el Ca	ampo, M.D.				lle, Mar					
0	23a. BURIAL, CREMATIC	ON, 23b. DATE THERE	OF	28c. NAME OF CEMETE	ERY OR		_	TION (City, town,		1. (S	pte)		
K	REMOVAL (Specify)	11-30,	60	Jana In	me	Borne of	15	ellin	Du	114	/		
3	24. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	1	25a. REC	D BY REGIS	TRAR 25b. REG	ISTRAR'S SIG	NATURE			
A.	track	H Hen	211	12/e 8	m	DATE D	EC 2	60	when Z.	/ Cours	- 51		
	1	1 /				7							

Person Letter and the Control of the V. S. Vannes of the state of the

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

oge oge	1	1. PLACE OF DEATH o. COUNTY D. C
₹ <u>₽</u>		b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN/If autside carporate limits, write RURAL and give nearest town)
funer funer		RURAL and give nearest lown) HAMPSTEAD LIFE X) LAMPSTEAD
ofter the shau		d. NAME OF MOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON A FARM
ours -	V	3 MAIN Street S. MAIN Street YES NO
24 h		3. NAME OF DECEASED (Type or print) SUSAN Alberta Murray Date Month Day Year OF DEATH NOVEMBER 1 196
ely fi Page r deo		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 In years Manths Days Hours Min
mplet ners.		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or, foreign country) 12. CITIZEN OF WHAT COUNT
d cor		during most of working life, even if retired) 145 (145 144 6) 145 (145 144 6)
be e	<u></u>	13. FATHER'S NAME
sicial ve co	I	Cornelius Lippy amelia Keller,
phy phy remo		Address (Yes, no, or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service)
nding ease iny e	-	1B. CAUSE OF DEATH [Enter only one cause per line for (gl., (b), and (c).]
atte en pl		PART I. DEATH WAS CAUSED BY: MYO CANCIFIS ONSET AND DEAT
y the The		443 x DUE TO 7/11 / 1. (1) (1) (2) (2) 1
led b		Ganditions, if any, which gave rise to immediate DUE TO
on. sign		lying cause last. (c) Lie wevo 1, sed Cultivo Scherssis
law hysicic beer l-tran ian, o		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF
The ng phe has	0	YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.)
IAN ficat ficat the b	185	OR ACCIDENT WAS ONDERLYING A 200 DESCRIBE HOW INJURY OCCURRED. (Enter haldre of injury in Fair Fair Fair Fair Fair Fair Fair Fair
PHYSIC Il ar att nis certi use as to burid		20c. TIME OF INJURY Manth, Doy, Year Hour o. m. Doy, Doy, Doy, Doy, Doy, Doy, Doy, Doy,
NG Ispito		21. I certify that (I) (this haspital) attended the deceased from March 1 1950, to NOU 1 , 1960, that (I) (we) I
R: Al		saw the deceased alive an Oct 31 1960, and that death accurred at ZNM, from the causes and an the date stated abo
by the control of He		226. SIGNATURE 226. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 11-1-66
ord o	-)	22c. PHYSICIAN'S NAME (Type)
PITAL Be rek		1 Joseph E. Woush MD HAMPSTEAD Maryland
HOSI oy bo FUNE 1ge 3 e Sto	1	230. RUMIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)
5 5 g =	. 0	24 FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE
VR A1S (4) 1SM 9/59	13	Cello & Tiplou Hellingslead Mil DATE NOV 7 "60 Lines & theres
	1	

e e Morroll HAMPSTEAD WILL Ellien States - Secretary States Sugar alle for Marcay and Mindred Co HEN TO THE POST OF THE PARTY OF Constant hopey The Heart THE MEAN OF MALE PLANTED STOPP WHEN I SHARE STRANGE The state of the s The same of the same of the same of the same The part of the second of the second of the second

		2463	ON OF :	CERTIFI		OF DEAT		MARILAND			12	441
	PLACE OF DEATH O. COUNTY Carroll			MARYL	and the same	USUAL RESIDENCE (o. STATE Maryland	Where decease	d lived. If instituti b, COUNTY	on: Reside	nce befor	e admis	ision)
)	RURAL and give ne		s, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (prote limits, write R	URAL and	give nea	rest tow	m)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Springfield State Hospital						d. STREET ADDRESS 2205 Hami		7e.	V		ON	SIDENCE A FARM?
-	NAME OF DECEASED (Type or print)	Virgin		Middle Daré	N	Lost EISON	4. DATE OF DEATH	Mon	th	Do:		Yeor 1960
S.	female	6. COLOR OR RACE	7. MARR	DIVORCED		7/28/90		9. AGE (In years lost birthday) 70 yrs.	Months Months	R 1 YEAR Days	Hours	7
	USUAL OCCUPATION during most of work housewife FATHER'S NAME	ing life, even if retired)	Jane 10b.	KIND OF BUSINESS OR		Marylan 4. Mother's Maidet	nd	ountry)	12. CI	TIZEN OF	S.A	
		Salter R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	Alice C		Add	32			
		mmediate (Bro	e for (o), (b), and (c).] onchopneumo	nia		110	<u> </u>		de ONS	RVAL BET AND	BETWEEN D DEATH
CERTIFICATION	PART II. OTH CBS associated and accordance of the contribution of	e with cir	c. d.	ONTRIBUTING TO DEA	erebr	al arterio	scleros	sis with			YES _	ORMED?
DICAL	20c. TIME OF INJUR	Y Month, Doy, Yea		JURY OCCURRED		OF INJURY (Home, for, street, affice bldg.,		y or town)		(County)		(Stot

ot wark ot wark

21. I certify that (I) (this hospital) attended the deceased fram. 2/24/55 11/11/60 eased from 2/24/55 , 19 , to 11/11/60 , 19 , that (I) (we) last , and that death accurred a 7:20M, from the causes and an the date stated above. 19____, that (I) (we) last saw the deceased alive an_ 22a SIGNATURE MED. STAFF PHYS.

ATTENDING PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

Rita S. Glahn, M.D.

Sykesville, Maryland

emeteru

23d. LOCATION (City, tawn, or caunty)

REMOVAL (Specify)

23o. BURIAL, CREMATION, 23b. DATE THEREOF

Harford Rd.

23c. NAME OF CEMETERY OR CREMATORY

25a. REC'D BY REGISTRAR NOV 1 4 '60 256. REGISTRAR'S SIGNATURE
Ording 8. Thous

(State)

the funeral director, shauld be filed with Pages and in any event, within 72 haurs after death Then please remove carbon popers.

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 DIRECTOR: After this certificate has been signed by the attending physician and campletely filled priar ta burial, cremation, ar removal, id be detached for use as the burial-transit permit. by the haspital or attending physician page 3 Sould be detached the State Board of Health

VR A1S (4) 1SM 9/59

Minda as anionings to be a constitute of the second seco The state of the s

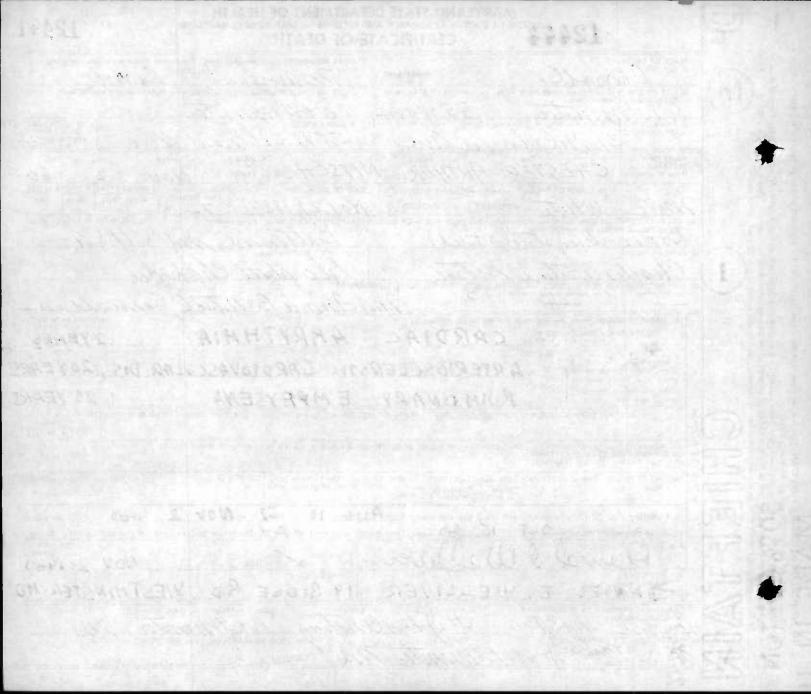
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12441

a. COUNTY	inall	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institute b. COUNTY		dmission)
b. CITY OR TOW RURAL ond giv	N (If outside corporate limits, wri	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of	itside corporate limits, write	RURAL and give nearest	Town)
West	mounter	95 years	- Westy	moter		
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, give strong)	reet oddress)	d. STREET ADDRÉSS	olomial a		RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	CHESTER	ARTHUR Middle	NITSCH	4. DATE MO OF DEATH NO	onth Day	Year 1960
male.	1.10.	MARRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH NO1/ 27 /8	9. AGE (In years lost birthdoy) 72 yrs	Months Doys Ho	DUTS Min.
Oa. USUAL OCCUP.	working life, even if retired)	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WH	AT COUNTRY
8. FATHER'S NAME	-aring stone	Julia J	14. MOTHER'S MAIDEN N	AME D	. 1000	
Charles	EVER IN U. S. ARMED FORCES?	MISSEL NO 117	Slizal	ett Chake	dress	
(Yes, no, or unknown)	(If yes, give war or dates of service)	? 2	ms. Fannie 1	B. Mitsel	Same ale	ben
18. CAUSE OF	DEATH Enter only one couse pe	er line for (o), (b), and (c),1				L BETWEEN
			6 6 0 1/7	Cil ac. a	ONSE	AND DEATH
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CARDIAC	ARRYT	THMIA.		EARS
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	CARDIAC			2 /	A4 - A - C
Conditions,	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO				2 /	A4 - A - C
Conditions, gove rise to couse (o), state	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO To ony, which or immediate ing the under-	CARDIAC RTERIOSCLE	ROTIC CAR	DIOVASCULA	2 /	A4 - A - C
Conditions, gove rise to couse (a), stot lying couse la	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO Continued to the continue	CARDIAC RTERIOSCLE ULM DNARY	ROTIC CARS	DIOVASCULA SEMA	2 y Dis , 2	EARS OYEA OYEA
Conditions, gove rise to couse (a), stot lying couse la	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO Continued to the continue	CARDIAC RTERIOSCLE	ROTIC CARS	DIOVASCULA SEMA	2 Y 2 DIS , 2 20 IVEN IN PART 1(0) 19. V	EARS OYEA OYEA
Conditions, gove rise it couse (a), stort lying couse le PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO If ony, which o immediate ing the under- OTHER SIGNIFICANT CONDITION	CARDIAC RTERIOSCLE ULM DNARY	POTIC CARI	DIOVASCULA SEMA NAL DISEASE CONDITION GI	2 Y 2 DIS , 2 20 IVEN IN PART 1(0) 19. V	EARS OYEAR YEAR VAS AUTOPSY ERFORMED?
Conditions, gove rise it couse (a), stort lying couse le PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE	CARDIAC RTERIOSCLE ULM DNARY INS CONTRIBUTING TO DEATH BI DESCRIBE HOW INJURY OCCUR DESCRIBE HOW INJURY OCCUR Thile Not while 20e.	POTIC CARI	DIOVASCULA SEMA NAL DISEASE CONDITION GI PORT I OF PORT II OF ITEM 1B.)	2 Y 2 DIS , 2 20 IVEN IN PART 1(0) 19. V	EARS OYEAR YEAR VAS AUTOPSY ERFORMED?
Conditions, gove rise for couse (a), stort lying couse le Part II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOT 1902) 20c. TIME OF IN Hour o. P.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO CONTROL TO DUE TO	CARDIAC RTERIOSCLE OULM DNARY INS CONTRIBUTING TO DEATH BI DESCRIBE HOW INJURY OCCURI Od. INJURY OCCURRED (hile Not while work at work a	EMPAY UT NOT RELATED TO THE TERMIN RED. (Enter noture of injury in P PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	DIOVASC VLA SEMA NAL DISEASE CONDITION GI Fort I or Port II of item 1B.)	2 Y 2 P 1 VEN IN PART 1(0) 19. V YE (County)	EARS OYEA YEA YAS AUTOPSY PREFORMED? S NO
Conditions, gove rise to couse (a), stort lying couse le PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 20c. TIME OF IN Hour o. p. 21. I certify	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE	CARDIAC RTERIS SCLE PULM DNARY INS CONTRIBUTING TO DEATH BI DESCRIBE HOW INJURY OCCUR Describe Ho	EMPAY UT NOT RELATED TO THE TERMIN RED. (Enter noture of injury in P PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	DIOVASCULA SEMA NAL DISEASE CONDITION GI ort I or Port II of item 1B.) 20f. (City or town)	2 Y 2 DIS , 2 2 (IVEN IN PART 1(o) 19. V YE (County) 19.60, that	EARS O Y EAR O Y EA
Conditions, gove rise to couse (a), stort lying couse le PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 20c. TIME OF IN Hour o. p. 21. I certify	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE	CARDIAC RTERIS SCLE PULM DNARY INS CONTRIBUTING TO DEATH BI DESCRIBE HOW INJURY OCCUR Describe Ho	EMPAY UT NOT RELATED TO THE TERMIN RED. (Enter noture of injury in P PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	DIOVASCULA SEMA NAL DISEASE CONDITION GI ort I or Port II of item 1B.) 20f. (City or town)	2 Y 2 DIS , 2 2 (IVEN IN PART 1(o) 19. V YE (County) 19.60, that	EARS O Y EAR O Y EA
Conditions, gove rise to couse (a), stort lying couse in Part II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 20c. TIME OF IN Hour o. p. 21. I certify saw the decounts of the contribution of the contribut	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE	CARDIAC RTERIS SCLE PULM DNARY INS CONTRIBUTING TO DEATH BI DESCRIBE HOW INJURY OCCUR Describe Ho	EMPAY UT NOT RELATED TO THE TERMIN RED. (Enter noture of injury in P PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) AUG 10 19 death accurred at A ATTENDING ME	OT I or Port II of item 18.) 20f. (City or town) 7, .ta 110V 2 M, fram the causes a	(County) 19.66, that and an the date sto	EARS O Y EAR O Y EA
Conditions, gove rise to couse (a), stort lying couse in Part II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO) 20c. TIME OF IN Hour o. p. 21. I certify saw the decounts of the contribution of the contribut	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE	CARDIAC RTERIS SCLE PULM DNARY INS CONTRIBUTING TO DEATH BI DESCRIBE HOW INJURY OCCUR Describe Ho	EMPAY UT NOT RELATED TO THE TERMIN RED. (Enter noture of injury in P PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) AUG 10 19 death accurred at A ATTENDING ME	DIOVASCULA SEMA NAL DISEASE CONDITION GI Torl I or Port II of item 1B.) 20f. (City or town) 7ta 119 V 2 M, fram the causes a D. STAFF PHYS. CECTOR STAFF PHYS.	(County) 19.66, that and an the date sto	EARS OYEA NAS AUTOPSY PREFORMED? (Stote (I) (we) lass ated abave 22b. DATE SIGNET 1960
Conditions, gove rise from the course (a), stort lying course le PART II. 20a. ACCIDENT OR CONTRIBUT OR CONTRIBUT OR CONTRIBUT (IF EITHER, NOT 20c. TIME OF IN Hour o. p. 21. I certify saw the dec 22o. SIGNATOR 22c. PHYSICIAN NAME (Typ	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE	CARDIAC RTERISSLE PULM DNARY INS CONTRIBUTING TO DEATH BIT DESCRIBE HOW INJURY OCCUR INDIRING TO DEATH BIT DESCRIBE HOW INJURY OCCUR INDIRING TO DEATH BIT DESCRIBE HOW INJURY OCCUR INDIRING TO DEATH BIT OCCURRED AND WORLD INDIRING TO DEATH BIT OCCURRED OCCURRED INDIRING TO DEATH BIT OCCURRED O	EMPAY UT NOT RELATED TO THE TERMIN RED. (Enter noture of injury in P PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) AUG 10 19 death accurred at A ATTENDING ME PHYS. 22d. ADDRESS 19 R D G	DIOVASCULA SEMA NAL DISEASE CONDITION GI Torl I or Port II of item 1B.) 20f. (City or town) 7ta 119 V 2 M, fram the causes a D. STAFF PHYS. CECTOR STAFF PHYS.	(County) 19.60, that and an the date story (ESTHINS:	EARS OYEA NAS AUTOPSY PREFORMED? (Stote (I) (we) lass ated abave 22b. DATE SIGNET 1960
Conditions, gove rise to couse (a), stot lying couse le lying couse le PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOT 20c. TIME OF IN Hour o. p. 21. I certify saw the dec 22o. SIGNATOR 22c. PHYSICIAN NAME (Typ 23o. BURIAL, CREMATOR)	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE	CARDIAC RTERIOSCLE PULM DNARY INS CONTRIBUTING TO DEATH BI DESCRIBE HOW INJURY OCCUR Od. INJURY OCCURRED Work at work 20e. Indeed the deceased from 15 1960. and that	EMPAY UT NOT RELATED TO THE TERMIN RED. (Enter noture of injury in P PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) AUG 10 19 death accurred at A ATTENDING ME PHYS. 22d. ADDRESS 19 RIDG OR CREMATORY	DIOVASCULA SEMA NAL DISEASE CONDITION GI TOTI I or Port II of item 1B.) 20f. (City or town) 7ta NOV 2 M, fram the causes a D. STAFF PHYS. E R D W 23d. LOCATION (City, town,	(County) 19.60, that and an the date story (ESTHINS:	EARS OYEA YEA YEA YEA YEA (Stote (I) (we) las ated abave 22b. DATE SIGNET 1960

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNER QIRECTOR: After this certificate has been signed by the attending physician and completely filled in y the funeral director, page 3 stand be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 control to should be filed with the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death.



1	1	7		
9	d	(a	pt)	
100	1	I		
	1	1	4	4

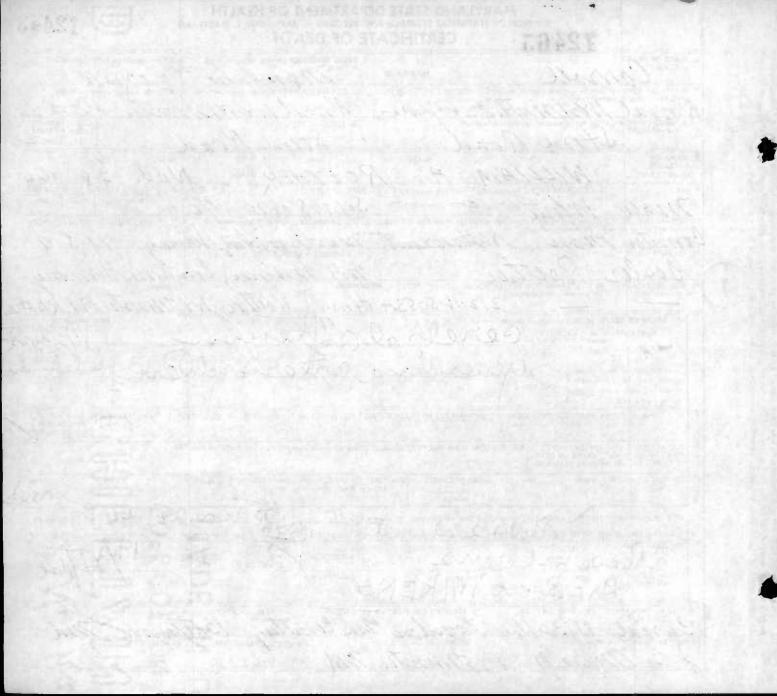
12464 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

Reg. Dist. No. 12442

									•	
1. PLACE OF DEATH o. COUNTY Carr	2011		MARYLA		osual Residence (Who Maryland	nere deceased	lived. If institution b. COUNTY			
	(If autside carporate limi nearest tawn)	ts, write	c. LENGTH OF STAY IN	N 16	E. CITY OR TOWN (If o		ate limits, write R	URAL and give n	earest tawn)	
	PITAL (If not in hospital, a	ive street a	ddress)		d. STREET ADDRESS Cedarhu	rst R	oad		e. IS RESIDEN ON A FAI YES NO	RM?
3. NAME OF DECEASED (Type or print)	Fir Cha	rles	Middle Willi	am	Otto III	4. DATE OF DEATH	Novemb		Day Year 6 19	60
5. SEX Male	6. COLOR OR RACE White	7. MARRII	ED NEVER MARRIED		ov . 9, 1954		9. AGE (In years last birthday) 5 yrs.	Months Doys	Hours	4 HRS Min.
10a. USUAL OCCUPAT during most of we	TION (Give kind of work or orking life, even if retired	done 10b. K	KIND OF BUSINESS OR	INDUSTR	Baltimor				S.A.	NTRY
13. FATHER'S NAME Charles	William O	tto .	Jr.		4. MOTHER'S MAIDEN N	_				
15. WAS DECEASED EV (Yes, no, or unknown)	VER IN U. S. ARMED FOR	CES? 16. S ervice)	OCIAL SECURITY NO.	1.25	rles W. O	tto J	r. Fin	iksburg	, Md.	7
Conditions, if gave rise to cause (a), statin lying cause las	immediate DUE TO)	with as			INAL DISEASE	CONDITION GIV	/EN IN PART 1(o)	19. WAS AUT PERFORME YES N	ED?
	WAS UNDERLYING DATH OF CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED. (Enter nature of injury in	Part I ar Part	II af item 18.)			- 123
20c. TIME OF INJU	10	20d. IN While at wark	_ Not while	Oe. PLACE factor	OF INJURY (Hame, form y, street, office bldg., etc	20f. (City	ar tawn)	(Count	y) (Y	(Stote)
actual signature	Martin E.	, 5cm	O, and that o		1.8 Moin	M, fram (ADDRESS (Stre	the causes an reet, city ar town, et	d on the da		bave I GNE
REMOVAL (Specif	Nov.9,1		22c. NAME OF CEMET Finksbur		metery	Fink	on (City, town,		(State) Maryla	and
23. FUNERAL DIRECTO	ers. Jr.	W	ADDRESS estminste	r. I	24a. REC'	VIP '60		STRAR'S SIGNAT		

Sel 8		ACERTAIO	* * *
forms in		Thursday	The state of
	Service III.	. 60%-7	prindate: 1
	Seminar Sy		brow de williages.
o tacksyst	A 111,3:40	PATELLI.	
	oc , lastr		
	ane a leminarity		or to make the section of
	On-Sew S		
	.vol Je	Lines - He	the second of the second
Miles	rts mintelling	v , i s	2 3 N 2 St. 1 2 2 2 1
	Andrews here	• • • •	entra etras lines.
The state of the s			0.81.7.vol
The state of the s	i de la companya de		

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE COUNTY
MARYLAND MARYLAND	Minimud Carrall
b. CITY OR TOWN (If outside corporate limits, wrife c. LENGTH OF STAY IN 1b	E. CITY OR TOWN (If Justide corporate limits, write RURAL and give nearest town)
Rmal Westming 26 glan	1 Rmal Westmanly RD#2
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Atme Road	Stone Kand YES NO E
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) WILLIAM A	POFTHED DEATH NOV. 20 1960
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male Invest WIDOWED DIVORCED	Cold Cold Cost Dirthdoy) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUS	STRY A, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during mast of working life, even if retired)	SIKY MI, BIKINFLAXE ISTOTE OF FOREIGN COUNTY)
mule man Sustanzad	Mar Manford Germany U.S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alsker Kolther	not romm lived in Strmany
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address
- 2/2-16-5053A	Henry & Wolley Westmensler Md RAD
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
3 3) V DUE TO	1127
Conditions, if ony, which)	1 antoni salling melling
gove rise to immediate	Ca de ada ada a de la como de la
couse (o), stoting the <u>under-</u> lying couse lost.	
, (0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
OF THE STORM CONTINUES CONTRIBUTION TO BEATT OF	PERFORMED?
THE ACCUPANT WAS UNDERWIND FOR LOND DESCRIPT HOW IN HUNDY OCCUPANT	YES NO Z
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter nature of injury in Port I or Port II af item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
Hour o. m. While Not while for	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tary, street, office bldg., etc.)
p. m. 19 of work of work	· · · · · · · · · · · · · · · · · · ·
21. I certify that (I) (this haspital) attended the deceased frame	10 100 Ann 26 1960 that (1) (we) last
saw the deceased alive on Man 2 21960, and that	leath occurred at 30, from the causes and on the date stated above.
220. SIGNATORE P	27b. DATE
Coeso bulkens	M.D. PHYS. MED. STAFF PHYS. SIGNED
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) PITE REESE YVIKEN	9
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (State)
TEMOVAL (Specify) 11/20/10 /m.d.	Park Center Bitt
24. BUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D REGISTRAR 25b. REGISTRAR'S SIGNATURE
4.5. marca on last trace to	22-1
1 1 110 mm Wallimour	DATE DEC 2 '60 Calling & Farms



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	12400		CERTI	ricai	E OF DE	АІП		11160					T ₁
1. PLACE OF DEATH					2. USUAL RESIDI	ENCE (WI	here deceased			n: Reside	nce befo	re admiss	ion)
o. COUNTY	arroll		MAR	YLAND	o. STATE	arvl	and	b. CO	UNTY	Carr	roll	Cour	itv
b. CITY OR TOWN (If outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	OWN (If o	outside corpo	rote limits, v	vrite Rt	JRAL ond	give nec	arest town)
RURAL ond give no Sykesv					X Westm	inst	er						
d. NAME OF HOSPI	TAL (If not in hospital, (give street	address)		d. STREET AD							e. IS RES	DENCE
OR INSTITUTION	Springfield	1 Sta	te Hospita	1	Route	7, 1	Westmi	nster	, Me	d.			NO 🗆
3. NAME OF DECEASED	Fi	rst	Middl	e	Last		4. DATE OF		Mont	th	Da	ıy	Yeor
(Type or print)	Н	ward	Lee		Sellers		DEATH		11.	-1-60)		1960
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARK	IED B.	DATE OF BIRTH			9. AGE (In	years			IF UND	
Male	White	WIDOW	ED DIVORC	ED 🗌	11-18-7	7		82	yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLA	CE (Stote	or foreign co	ountry)		12. CI	TIZEN OF	WHATC	OUNTRY
Farmer	g, a. a				Mar	ylan	d			1	J.S.	A.	
13. FATHER'S NAME		187			14. MOTHER'S	-				1000			
N	oves Seller	rg				Ama	nda Zi	mmerm	an				
15 WAS DECEASED EVE	RIN II S ARMED FOI	CESS 14	SOCIAL SECURITY N	O. 17. INF	ORMANT	4 14 14 14		211110 4 811	Addr	ess			
No	Ilf yes, give war or dates of	ervice)	7-74-41	4. 8 Sn	ringfiel	d Ho	enital	Reco	nde	Sarl	70 CW	1770	ма
	ATH [Enter only one co	ouse per li			THISTICI	.u_IIO	Shiron	1:600	Lus	, Oyi		ERVAL BE	
THE RESERVE OF THE PERSON NAMED IN COLUMN	TH WAS CAUSED BY:	, , , , , , , , , , , , , , , , , , ,		•								SET AND	DEATH
F	IMMEDIATE CAUSE (Massi	re G I	Hemory	chage					2	day	5
279	DUE TO)											
Conditions, if)(10121										
couse (o), stoting													
lying couse lost.) (=)		324									
PART II. OTI	HER SIGNIFICANT CON	ADITIONS !	CONTRIBUTING TO D	EATH BUT N	IOT RELATED TO	THE TERM	INAL DISEAS	E CONDITIO	ON GIV	EN IN PA	RT 1(0) 1	19. WAS PERFC	AUTOPSY RMED?
S C.B.S.	associated	with	cerebral	arter	iosclero	sis,	psych	otic	rea	ction	1.	YES [NO D
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter noture of	injury in	Port I or Por	t II of item	18.)				
	RY Month, Doy, Ye	ar 20d. I	NJURY OCCURRED		E OF INJURY (H			or town)			(County)		(Stote
Hour o.m.	19	While of wor	Not while	10010	ory, street, office	blog., ere	/						
	at (1) (this haspita			d frame	7-15-60	19	100	11-1-	60	10	41-	nat (1) (we) las
saw the decea	9/)-31 -	60 10	d that da	eath accurred							1 / 1	,
22o. SIGNATURE	sed drive dri		. C. / an	d mai de	all accorred	ur.s.z	SHAP A H CALL	me coos	es an	d dn II	ie daie	_	b. DATE
	J. Rays	uon	Ilale	u m	.D. PHYS.	_ D	NED.	STAFF PHYS. [11-1-	4 .	SIGNE
22c. PHYSICIAN'S NAME (Type)	J. Raymor	nd Gl	adue, M.D.	246	22d. ADDRES		eld Ho	spita	1,	Syke	svil	le, l	١d.
230. BURIAL, CREMATIC REMOVAL (Specify		of 1/60	23c. NAME OF CE	METERY OR	CREMATORY		23d. LOCA	TION (City,	town,	or county	1	Tuc	J'e
24. FUNERAL DIRECTOR	'S SIGNATURE	1	ADDRESS	. 1	, ,	2So. REC	D BY REGIS	TRAR 2SE	. REGI	STRAR'S	SIGNATU	RE	1
Edward	le. Tys	tim	Itryest	rad	md	DATE	NOV 7	'60	(ullun	8. 90	Auar	2

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, should-be-filed with may be reprined by the hospital or attending physician.

TO FUNER PRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 strand be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health priar to burial, cremation, ar removal, and in any event within 72 haurs after death. VR A1S (4) 1SM 9/59

. STATE OF STATES OF STATES a e -Carter Control of the THE WAR LINE WAS FREED THE S. C. S. Judice: Name of No. 34

e. IS RESIDENCE

ON A FARM?

YES NO DO

Year

19

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES T NO

> > (Stote)

22b. DATE

SIGNED

Inatan

10 y

(County)

Months

CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tayn) 1221 d NAME OF HOSPITAL (III nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE Month DECEASED DEATH (Type ar print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX irthdoy) DIVORCED WIDOWED [YES. 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY uring mostroftworking life every if retired) 13. FATHER'S NAME S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Coronary Thrombosis IMMEDIATE CAUSE (o) DUE TO Arterio-Sclerosis Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) foctory, street, office bldg., etc.) Hour o. m. While Not while at work ot work 21. I certify that (1) (this haspital) attended the deceased fram. 8/31 19 59 to 11-22 _____. 19.60 , that (I) (we) last 19_60, and that death accurred about M, fram the causes and an the date stated above. saw the deceased alive an NOV. 22a_SIGNATURE ATTENDING M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) M. C. Porterfield Hampstead, Md. 23a. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify

dy be re FUNER page 3 st 10 VR A15 (4) 15M 9/59

rector: by the

00

the funeral director, should be filed with

death.

ofter o

campletely

pup pou-

physicion

attending

the

certificate has been signed

permit.

buriol-transit 0

remayal

crematian,

executed within 24 haurs after death. Page

PHYSICIAN: The law requires that the death certificate be

250, REC'D BY REGISTRAR DATE NOV 2 8 '60

25b. REGISTRAR'S SIGNATURE

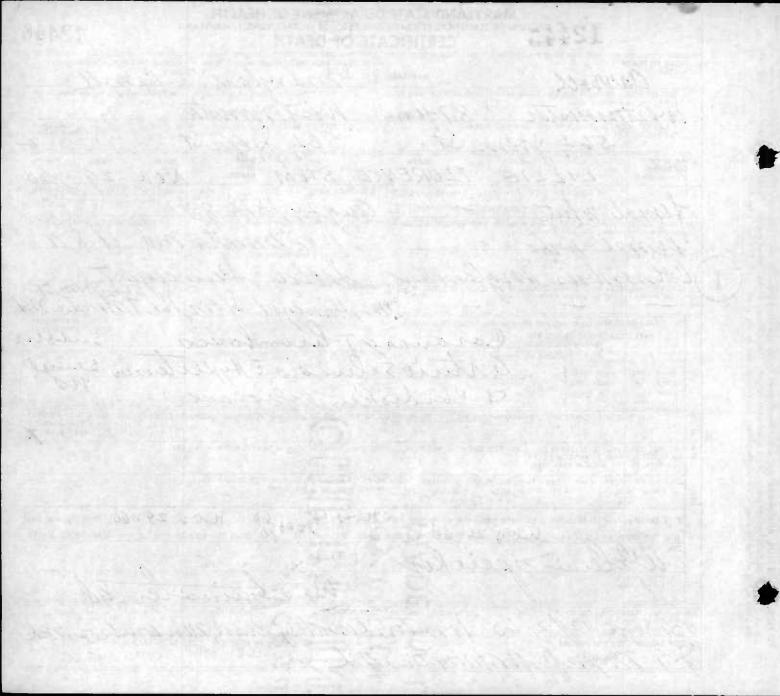
arthur & Thouse

'deski		ASHIRLA	1124117	
3347747	Later Control		BRITAL	
	37-46-22	0.5/2-11	Jane Jane	A CONTRACTOR
	AC 21-11-12-12-12-12-12-12-12-12-12-12-12-1		A A A A A A A	
	N. S. W. W. 196		201	
N 64 54	American Company		Charles Inch	
	المحجود عا ودوارة		na la	When
	• •			

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 124 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
		COUNTY CANNAL MARYLAND	o. STATE CASSALL
1	ŀ	c. CITY OR TOWN (If outside carpocate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If sutside corporate limits, write RURAL and give nearest town)
		INFO Trumster 874 lars	hypthymate 2)
	-	NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS O . IS RESIDENCE
		OR INSTITUTION 561 When St.	566 John St. ON A FARM? YES IN NO IN
	3. 1	NAME OF First Middle	Last 4. DATE Month Day Yeor
		Type or print) LILLIF FLORENCE	OF CTEAN OF
	S. S		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
		Slaver 1 Indita WIDOWED A DIVORCED	last birthday) Months Doys Hours Min.
	10a	William III	STRY 11, PARTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
	100	during most of warking life, even if retired)	had at the safe 22
-		from byle -	To en immee ma. U.J.a.
1	13.	PATHER'S NAME	14. MOTHER'S MAIDEN NAME
)/	Stronger maleman	Salle Schweigent
	/15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 17. SOCIAL SECURITY NO. 17. IF (If yes, give war or dates of service)	NFORMANT C Addrey 5 Gh John ST.
		m	n Howen W. Helm West Mindle Me
		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND, DEATH
		PART I. DEATH WAS CAUSED BY: JAMEDIATE CAUSE (0)	y Thromposes Suddler
	0.0	DUE TO	0
		Conditions, if ony, which) (b) a Merio 5	clerases. C Hyperleusing Sentral
		gave rise to immediate couse (o), stating the under DUE TO	on an in the
		lying cause last.	Klualitistase
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	CATI		YES NO NO
1	TIFI	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter noture of injury in Part I or Part II of item 1B.)
	CERTI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	S		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	WEDICA	Hour o.m. P. m. 19 at work at work	ctory, street, office bldg., etc.)
		21. I certify that (I) (this haspital) attended the deceased from	Mry 15 1960, to Koy 29, 1960, that (1) (we) last
		22a. SIGNATURE	death occurred at, from the couses and on the dote stated obave.
		11240 Spoidly	M.D. PHYS. MED. STAFF SIGNED
		22c. PHYSICIAN'S	22d. ADDRESS
		NAM€ (Type)	Western eto Kell
	23g	BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town, or county) (Stote)
	/	REMOVAL (Specify) 12/2/60	Clarities De 1 mg (1)
5	24	RUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
1	3	K.S. Malla A Mil themant	nel DEC 2 '60 0 11 - 0 4
	1	1 1 man hand Insulumen 11	DATE CONTRA S. Thank



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

49/00 CERTIFICATE OF DEATH

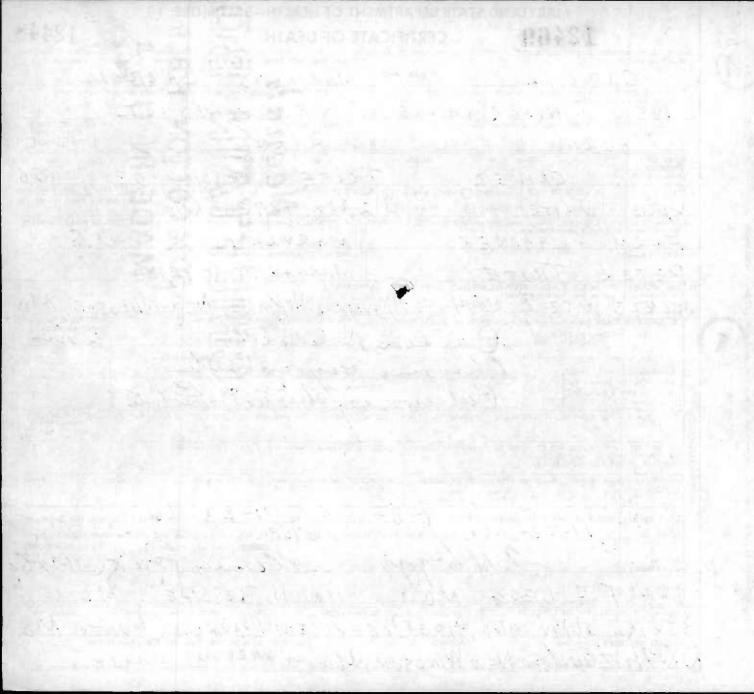
	17400		CERTIFIC	AII	E OF DEATE	1		Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Carr	011		MARYLAND		o. STATE Mary 1a		ed lived. If institution b. COUNTY	-	before admissio	n)
b. CITY OR TOWN (IF RURAL ond give ne Rural, Nr.	outside corporate limi arest town) • Westmins	ter	c. LENGTH OF STAY IN 16		Rural, Nr.			URAL ond giv	re nearest town)	
d. NAME OF HOSPIT	stminster,	ive street	oddress) R. D. 3	1	d. STREET ADDRESS Westminste	er, Md	1. R. D. :	3	e. IS RESID ON A F YES	
3. NAME OF DECEASED (Type or print)	Fir E11en	st	Jane St	one	lost esifer	4. DATE OF DEATH	Mon Novemi		Day Ye 25 19	60
5. SEX Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	_	ate of Birth	1880	9. AGE (In years last birthday) 79 yrs.		YEAR IF UNDER	24 HRS. Min.
10a. USUAL OCCUPATIO during most of work Housework,	ing life, even if retired		kind of Business or Ind In her own hom		11. BIRTHPLACE (Stote State of	-			S.A.	UNTRY?
13. FATHER'S NAME William S	tonesifer			14	Barbra E1:		ick1e			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of se		SOCIAL SECURITY FO. None		MANT 1 S. Stones:	ifer,	Westmins		d. R. D.	, 3
Conditions, if or gove rise to in couse (a), stoting t lying couse last.	nmediate (a	terrorde	1	tie Candin	rans	uler Pise	me	5 ya	<i>></i>
200. ACCIDENT WA	lu	mi	CONTRIBUTING TO DEATH BUTTON TO THE CONTRIBUTING TO DEATH BUTTON TO THE CONTRIBUTION T	In	mpiere	ince-		EN IN PART	1(a) 19. WAS AU PERFORI YES	WED5
20c. TIME OF INJURY Hour a. m. p. m.		20d. I While of wor	Nat while	PLACE factory	OF INJURY (Hame, farm, street, office bldg., etc	20f. (Cir	y or town)	(Co	unty)	(Stote)
21. I certify the	A sum	deceas , 196	ed fram. Jon.		., 1949 , to h curred at/1:45 p	M, fram		d an the		
ACTUAL SIGNATURE PHYSICIAN'S	WHFO	Ard	. M.P.	_ M.D.	MANG	NCh	ester,	Md	11-25-6	60
220. BURIAL CREMATION REMOVAL (Specify) Buria1	N, 226. DATE THERECO		22c. NAME OF CEMETERY Bixlers E.U				Westminst		(Stote)	
23. EUNERAL DIRECTOR'S	S SIGNATURE	tlo	ADDRESS Littlestown	, P		D BY REGIS	00	STRAR'S SIGN		

		1000 1000	
	Carlot Carol Carlot Car		
	The state of the s		
в ф			
		and the second state of	
	The Miles of American Control of the		,
			7
		The Part of the Pa	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1246: CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions of the control of t

Reg. Dist. No. 12448

	1. PLACE OF DEATH 2	. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY OARRALL MARYLAND	MARYLAND BARROLL
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town) NEW WINDSOR YEARS	NEW WINDSOR
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
-	OR INSTITUTION DAL	RURHA YES IN NO
	3. NAME OF First Middle	Last 4. DATE Month Day Year
9	DECEASED	RITE DEATH 1/11/ 23 1960
ł	ONIVER	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
1	MILE INSTALLE WIDOWED DIVORCED 2	APP 1893 lost birthday) Months Days Hours Min.
ł	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR'	
1	during most of working life, even if retired)	11102111
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	De == = Ta =	110000 25- 24-
	THE FERENCE WAS ADMITTED TO SECOND AND ADMITTED TO THE PARTY OF THE PA	MIRGARET BYERS
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) Ilf yes, give wor or dates of pervice)	DRMANT Address
	WORLD WAR I 25-14-1467 MAY	MOYAMORINNEY NEW PUINDSOR, MID
V	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL SETWEEN ONSET AND/DEATH
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) A CALLER OF	alelaliton 6 hrs
1	422, 2 DUE TO	0 -1.
	Conditions, if ony, which) (b) Chronic	myrante
1	gove rise to immediate couse (a), stating the under-	ostopper 2. A. 1
1	lying couse lost. (c) / www.a	2 Chronio Brenchile
	Z PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO
1	The Accident was unicensus of 1904 pressure them between the	Enter noture of injury in Port I or Port II of item 18.)
	WE OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
1	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work of work of work of the month of the	y, street, office bldg., etc.)
	11-0	10/0 d/m //~ 7 2 10/ ALLILL
1	21. I certify that I attended the deceased fram.	1800, ta 1 F S , 196 9that I last saw the deceased
1	alive an 11-43-, 1960, and that death and	accurred a LISP, M, from the causes and an the date stated above. ADDRESS (Street, city or toyn, stole) DATE SIGNED
1	ACTUAL -/ 1/ Legg	1124
	SIGNATURE	menon my 11-460
1	PHYSICIAN'S THE LEGG MD.	UNION BRINGE MA
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMEJERY OR C	REMATORY 22d LOCATION (City, town, opcounty) (State)
	BREMOYAL (Specify) 1/ NAV 16/11 P. D. E. C. 2 E	EUCENA CLARRAL CONTENT
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
	DOZL FRIXLE NEW WINE	1 / 1000 9 0 100
ı	LANTYAMASUS LOUD IVENI IVINDS (IR.	MD DATE DO OU Cirling & House



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	12470		CERI	IFIC/	AIE OF D	EATH			Reg. Dis	it. No.	2449
1. PLACE OF DEATH o. COUNTY	CARROLL	_	MAR	YLAND	2. USUAL RESID o. STATE	ENCE (Whe	re deceased	lived. If institu b. COUNT		my my	mission)
b. CITY OR TOWN RURAL and give		ts, write c	LENGTH OF STATE		c. CITY OR TO		BOT	ote limits, write	RURAL and g	give nearest	lown)
	PITAL (If not in haspital, g	jive street od	dress)		d. STREET AL	DDRESS				0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	HENRY	st /	H. Middl	WA	IRNEF	7	4. DATE OF DEATH	NOV.	inth	Doy 15	Year 1960
5. SEX MALE	6. COLOR OR RACE	7. MARRIEI	NEVER MARK		B. DATE OF BIRTH	- 18	94	9. AGE (In years lost birthdoy) 66 yii	Months	Doys Ho	NDER 24 HRS. urs Min.
100. USUAL OCCUPA CHTTLE	TION (Give kind of work orking life, even if retired DEALER	done 10b. KII	ND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	POLL	Co.	untry) MD		US 17	HAT COUNTRY?
13. FATHER'S NAME	PANK	WA	PNER		14. MOTHER'S	PY	11	ck			
15. WAS DECEASED E (Yes, no. or unknown) NO	VER IN U. S. ARMED FOR (It yes, give wor or dates of s	ervicel	12-32-154		RS HEIVI	7 Y 4	1 W/A	PKEP	LINE	BOIPE	Mo.
Conditions, if gove rise to couse (o), statin lying couse los	immediate DUE TO	CA	none	7	arte	uo.	sele	~~~		4-	y
CATIC	OTHER SIGNIFICANT CON				D. (Enter noture of				IVEN IN PAR	PE	AS AUTOPSY RFORMED?
OK CONTRIBUTION (IF EITHER, NOTI 20c. TIME OF INJ Hour o. n p. n	n. 19	or 20d. INJ While of work	URY OCCURRED Not while of work	20e. Pl	ACE OF INJURY (Fictory, street, office	lome, form, bldg., etc.	20f. (City	or town)	(6	County)	(Stote)
21. 1 certify alive an	that I attended the OV 13 WINTO WITH F	deceased , 1966 and		7	n occurred at;	7.15.P.			and on t		he deceased tated above DATE SIGNED
BURIAL	11/11/6	OF , co	22c. NAME OF CE		Contract of the contract of th		LINEE	ION (City, town		1	(Stote)
23. FUNERAL DIRECTO	or's signature	9	Les Co	ch	.60		V 21 '6		Intlun &		

requires that the death certificate be executed within 24 hours after death; Page 4-

by the funeral director,

rejoined by the hospital or ottending physicion.

OIRECTOR: After this certificate has been signed by the ottending physicion and completely filled accorded for use as the buriol-transit permit. Then please remove carbon papers. Pages stror prior to buriol, cremotion, or removal, and in any event within 72 hours after death.

TO FUNE DIRECT
page 3 mould be d
the registror prior to

VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

TE OF DEATH	CERTIFICA	11525 F
The second secon	CH (1874	
	of or talk to all the	
		Survey Court of the State of S
A CONTRACTOR OF THE CONTRACTOR		man II Established
		THE STATE OF THE
		Aldres American State of the Control
		and the second
		1380 Pt 128 TO 1
		FOR BETTER PROPERTY OF THE